14

15 16

17

18

19

111

III

M

20

22

23

24

.25

26 27

28

Notice of Removal of Action

3. On March 6, 2007, Plaintiff filed a first amended complaint in the Del Norte County Superior Court of the State of California entitled Cook v. Horel, et al., case number CVPI07-1026, a true and correct copy of which is attached as Exhibit C.

- The first date on which Defendants Horel, Risenhoover, McLean, Thacker, Worch, and Sayre were served via substitute service was on March 13, 2008, when a Sheriff's Deputy delivered copies of the summons and amended complaint to the litigation office of Pelican Bay State Prison via U.S. Mail. A true and correct copy of the summons and proof of service are attached as Exhibit D.
- 5. Attached as Exhibit E is a true and correct copy of a Request for Entry of Default and Judgment signed by Plaintiff on January 2, 2008, and provided to Defendants.
- In addition to claims grounded in state law tort theories, this action includes allegations of violations of the Eighth and Fourteenth Amendment. Title 28 U.S.C. § 1331 vests this Court with jurisdiction over "all civil actions arising under the Constitution, laws, or treaties of the United States."
  - Removal is appropriate under 28 U.S.C. § 1441(c) which states:

Whenever a separate and independent claim or cause of action within the jurisdiction conferred by section 1331 of this title is joined with one or more otherwise nonremovable claims or causes of action, the entire case may be removed and the district court may determine all issues therein, or, in its discretion, may remand all matters in which State law predominates.

> Cook v. Horel, et al. Case No.

26

27

28

As of the date of this filing, all Defendants who have been served join in this Notice of Removal.

Dated: April 10, 2008

Respectfully submitted,

EDMUND G. BROWN JR. Attorney General of the State of California

DAVID S. CHANEY Chief Assistant Attorney General

FRANCES T. GRUNDER Senior Assistant Attorney General

MICHAEL W. JORGENSON Supervising Deputy Attorney General

Deputy Attorney General

Attorneys for Defendants Horel, Risenhoover,

McLean, Thacker, Worch, and Sayre

Notice of Removal of Action

Cook v. Horel, et al. Case No.

EXHIBIT A

ID-DSPRC8 DATE 4/08/08

DEL NORTE SUPERIOR COURT CASE#: DN SU CV-PI-07-0001026-000

TIME 16:25

TYPE: PERSONAL INJURY/OTHER

COOK, TIMOTHY VS. HOREL, ROBERT -----JUDGE -----

--PARTY #--

STATUS: PENDING

CURRENT: FOLLETT, WILLIAM H

PL 001: COOK, TIMOTHY E-40919

vs.

DF 002: HOREL, ROBERT (WARDEN) NONE

ISSUES

#### \_\_\_\_\_. MAJOR EVENTS

FILING		EDINGS	
DATE.	EVENT COMMENT	EVENT DATE	PERSON/PARTY
1/11/07	COMPLAINT FILED	1	CRT7937000
•	Personal Injury		
1/11/07	CIVIL CASE COVER SH		CRT7937000
	CIVIL CASE COVER SHEET		
1/11/07	ORIG SUMMONS FILED		CRT7937000
1/11/07	FEE WAIVER FILED	•	CRT7937000
1/11/07	ORDER FOR FEE WAIVER		CRT7937000
	ORDER ON APPLICATION FOR	WAIVER OF COURT FEES/COST	
1/11/07	RECEIVED		CRT7937000
	Introduction		
2/16/07	RECEIVED		CRT5384000
	letter from petitioner		
3/01/07			CRT5384000
	motion for permission to	amend complaint to includ	
	def in proper form		
3/01/07	FILE TRACKING .		CRT5384000
	FILE LOCATED AT: judge fo	llett	
3/05/07	MINUTE ORDER		CRT7937000
	MINUTE ORDER		
	In response to Plaintiff'	s ex-parte motion to amen	d h
	is complaint, leave of co	urt is not required for a	fi
•	rst amendment prior to an	v defendant filing an ans	wer
		.y was consider a manage with	
3/05/07	FILE TRACKING		CRT7937000
_,,	FILE LOCATED AT: on Wall		01.1.7.5.5.7.0.0.5.
3/06/07	COMPLAINT FILED		CRT5384000
	AMENDED COMPLAINT		C1(1,55,040,00
3/06/07	SUMMONS ISSUED		CRT5384000
27.0070	AMENDED SUMMONS ISSUED AN	ת דדד כח	CK13364000
3/06/07	POS FILED	D FIRED	CRT5384000
5/00/07	ROBERT HOREL, SUE ELLEN RI	CENTIONTED MATTER MOT DAN	
• .	D WORCH, MICHAEL SAYRE A.		, E
3/06/07		INACKER	GDMC 3 0 4 0 0 0
3/06/07	•		CRT5384000
100100	DEMAND FOR JURY TRIAL FILE TRACKING		
3/00/07			CRT5384000
2/20/05	FILE LOCATED AT: FILE		
3/22/07	LETTER TO PLAINTIFF	_	CRT9875000
	LETTER TO PLAINTIFF sendi	ng back request for couns	
4/23/07	LETTER TO PLAINTIFF		CRT9875000
• •	LETTER TO PLAINTIFF sendi	ng back submitted paperwo	rk,

ID-DSPRC8 DEL NORTE SUPERIOR COURT DATE 4/08/08 CASE#: DN SU CV-PI-07-0001026-000	PAGE 2 TIME 16:25
unfilable as presented. 4/27/07 LETTER TO PLAINTIFF LETTER TO PLAINTIFF from clerk sending back submitt	CRT9875000 ed
default paperwork. 5/04/07 RECEIVED Rovd order for extension of time to serve the summ	. CRT9875000
s and complaint	
5/07/07 FILE TRACKING  FILE LOCATED AT: to judge Follett	CRT9875000
5/09/07 FILE TRACKING FILE LOCATED AT: clerks office to be filed.	CRT3054000
5/09/07 MINUTE ORDER MINUTE ORDER Leave of court is not required for an	CRT3054000
extension of time to serve the summons in the next 20 days. Therefore plaintiff's request is denied.	
5/18/07 LETTER TO PLAINTIFF  LETTER TO PLAINTIFF sending back in-correct summons	CRT9875000
and mailing several copies of the good one 6/25/07 REQ TO ENTER DEFAULT Default filed and not entered due to not valid prop	CRT8399000
of corrections.	
6/25/07 POS FILED To: Robert Horel by mail on 05/15/07	CRT8399000
6/25/07 POS FILED  To: Sue Ellen Risenhoover, by mail, 05/15/07	CRT8399000
6/25/07 POS FILED	CRT8399000
To: Maureen McLean by mail on 05/15/07 6/25/07 POS FILED To: C.D. Worch by mail on 05/15/07/	CRT8399000
. 6/25/07 POS FILED	CRT8399000
To: A.Thacker by mail on 05/15/07. 6/25/07 POS FILED	CRT8399000
To: Michael Sayre, by mail on 05/15/07 6/25/07 DECLARATION	CRT8399000
DECLARATION filed from Plaintiff 7/25/07 LETTER TO PLAINTIFF	CRT9875000
LETTER TO PLAINTIFF returning in-proper proof of se ice.	ΣΫ́
7/25/07 FILE TRACKING FILE LOCATED AT: to wall	CRT9875000
8/02/07 RECEIVED  Rovd letter with attachements from plaintiff and su	CRT9875000 bm
itted judgment. 8/06/07 RECEIVED	CRT5384000
RECEIVED LETTER 8/06/07 AFFIDAVIT	CRT5384000
AFFIDAVIT FOR ENTRY OF DEFAULT JUDGMENT 8/10/07 CLERK MEMO	CRT9875000
8/10/07 FILE TRACKING FILE LOCATED AT: to dept 2 for review	CRT9875000
8/15/07 LETTER TO PLAINTIFF in response to latest correspon	CRT9875000 de
nce . 8/15/07 FILE TRACKING FILE LOCATED AT: back to wall	CRT9875000
	•

ID-DSPRC8 DEL NORTE SUPERIOR COURT PAGE DATE 4/08/08 CASE#: DN SU CV-PI-07-0001026-000 TIME 16:25 8/28/07 FILED CRT8399000 Request for leave to proceed Informa Pauperis. Request for appointment of counsel. Plaintiff's motion for court to issue and serve defendan; ts with complaint and summons; order and waive court fees and cost. 8/28/07 FILE TRACKING CRT8399000 FILE LOCATED AT: Judge Follett for review. 10/02/07 RECEIVED CRT5384000 LETTER FROM MR. COOK RE: STATUS FILING OF FORMS RECEI VED ON 08/28/07 10/18/07 RECEIVED CRT8399000 Letter from petitioner. 10/30/07 MINUTE ORDER CR17937000 MINUTE ORDER (See Minute) 10/30/07 FILE TRACKING CRT7937000 FILE LOCATED AT: on Wall 10/31/07 DOCKETING STATEMENT CRT7937000 Forms FW-002 and FW-004 sent to Petitioner this date. 11/19/07 ORDER FOR FEE WAIVER CRT5384000 ORDER ON APPLICATION FOR WAIVER ADDITIONAL FEES AND COSTS IN WHOLE. 1/14/08 POS FILED CRT5384000 DECLARATION OF DILIGENCE ATTACHED FOR MICHAEL CLIFTON SAYRE, C.D. WORCH, MUARENN MCLEAN, SUE ELLEN RISENHOOVER ROBERT HOREL, A. THACKER. SUBSTITUTED SERVICE TO ERIN GRIFFIN. LITIGATION OFFICE, NO MAILING WAS MADE. NO EXT RA COPIES PROVIDED BY PLAINTIFF. POS INVALID NO FOLLO W UP MAILING. 1/17/08 DOCKETING STATEMENT CRT5384000 POS NOT VALID, NO FOLLOW UP MAILING FOR THE SUB SERVI CE. SENT THE DOCUMENTS BACK TO PETITIONER, WITH LETTE 2/14/08 FEE WAIVER FILED CRT5384000 APPLICATION FOR WAIVER OF ADDITIONAL FEES. 2/14/08 FILE TRACKING CRT5384000 FILE LOCATED AT: JUDGE FOLLETT FOR REVIEW. 2/19/08 FILE TRACKING CRT7937000 FILE LOCATED AT: Processing Clerks 2/19/08 ORDER FOR FEE WAIVER CRT5384000 ORDER ON APPLICATION FOR WAIVER OF ADDITIONAL COURT

FEES AND COSTS, SIGNED BY JUDGE WILLIAM H. FOLLETT.

IS GRANTED IN WHOLE.

Pase:4/4

EXHIBIT B

a.  In monetary b.  An enemonetary, declaratory or injunctive relief c.  In punitive states of action (specify): ONE (1)  i. This case  is  is  is not a class action suit.  i. If there are any known related cases, file and serve a notice of related case. (You may use form CM-015.)  Oute: /2/19/2006  NOTICE  Plaintiff must file this cover sheet with the first paper filed in the action or proceeding (except small claims cases or cases filed under the Probate Code, Family Code, or Welfare and Institutions Code). (Cal. Rules of Court, rule 201.8.) Failure to file may result in sanctions.  File this cover sheet in addition to any cover sheet required by local court rule.  If this case is complex under rule 1800 et seq. of the California Rules of Court, you must serve a copy of this cover sheet on all other parties to the action or proceeding.			CM-010
## POWER PURPONO (29)	ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, Sie	ber, and address):	FOR COURT USE ONLY
Complex Case Designation	TIMOTHY COOK E40919	THERESE	
PECLON ENV STATE PURSON TREATMENT FOR Plants Acronate FOR Plants Marker Advances Acronate FOR Plants Marker Advances Afford Marker Mark	CRESCENT CITY CA. 95532	IN 170 32	
Autor 27    Contract	PELICAN BAY STATE PRISON	EAVAIO	
SUPPENDING COUNTY OF DEL NUMBER MANUE ADDRESS: \$450 H STREET MANUE ADDRESS: \$450 E STREET MANUE ADDRESS	1	PACRUE	
Services: 4/50 H STARET MANDA DE CODE: CRESCEAT CITY CAL 9/55 31 greach with passes and the contract of the case of contract of the case of contract o	ATTORNEY FOR INSIDE.	TEL NIDRIFE	
MANA ADDRESS: SAME GRYNOUS TOOLS CRESCENT CITY CAL 95531 ground NAME:  CIVIL CASE COVER SHEET  Unitimited	STREET ADDRESS: 450 H STREET	,	
CASE NAME:  CONTINUE CASE COVER SHEET  Unfirited	HATING ADDRESS SAME		
CIVIL CASE COVER SHEET    Unlimited	CITY AND ZIP CODE: CRESCENT CITY	CAL 95531	
CIVIL CASE COVER SHEET    Unlimited   Limited   Counter   Joinder	BRANCH NAME:		
CVII. CASE COVER SHEET   Unlimited   Limited   Counter   Joinder	CASE NAME:		
CVII. CASE COVER SHEET   Unlimited   Limited   Counter   Joinder			CASE NUMBER
Counter   Joinset   Join		Complex Case Designation	
demanded demanded is exceeds \$25,000 or less)    Rams 1-5 below must be completed (see instructions on page 2)	15.	Counter Joinder	CV1 I 01-1006
Exceeds \$25,000 or less] (Cal. Rules of Court, rule 1811)   DEPT:    Roms 1-5 below must be completed (see instructions on page 2)	1 Victorian Control of the Control o	Filed with first appearance by defendant	JUDGE:
Check one box below for the case type that best describes this case:   Auto Tort	donner	(Cal. Rules of Gourt, rule 1811)	
I. Check one box below for the case type that best describes this case:  Auto Tort  Auto (22)			page 2).
Auto (22)    Auto (22)   Breach of contract(Warranty (06)   Collections (09)   Insurance coverage (18)   Contract (10)   Mass total (10)			
Auto (22)		Contract Pro	
Uninsured motorial (46)  Other PIPD/ND (Personal Injury/Property)  Damage/Wrongfut Death) Tort'  Asbestos (04)  Product Ibality (24)  Well call maturation (45)  Other PipD/ND (28)  Medical maturation (45)  Other PipD/ND (28)  Medical maturation (45)  Other PipD/ND (28)  Medical maturation (45)  Other PipD/ND (28)  Mon-PipD/ND (0ther) Tort  Business tortuntair business practice (07)  Civil rights (08)  Defamation (13)  Fraud (18)  Intellectual property (18)  Intellectual property (19)  Intellectual property (19)  Intellectual property (19)  Other non-PipD/ND toth (35)  Professional negligence (25)  Other non-PipD/ND toth (35)  Other eart forfeiture (05)  Other non-PipD/ND toth (35)  Other eart forfeiture (05)  Other eart forfeiture (05)  Other eart forfeiture (05)  Other eart forfeiture (05)  Other non-PipD/ND toth (35)  Petition re: arbitralion award (11)  Wrongful termination (36)  Other efficiorement (15)  This case is in of complex under rule 1800 of the California Rules of Court, if the case is complex, mark the factors requiring exceptional judicial management:  a Large number of separately represented parties d. Large number of witnesses b. Extensive mixture practice raising difficult or novel e. Coordination with related actions pending in one or more courts in susues that will be time-consuming to resolve in other counties; sitates, or countries, or in a federal court or novel e. Substantial postjudgment judicial supervision  Plantific must file this cover sheet with the first paper filed in the action or proceeding (except small claims cases or cases filed under the Probate Code, Family Code, or Welfare and Institutions Code). (Cal. Rules of Court, rule 201.8.) Failure to file may result in saccions.  File this cover sheet in addition to any cover sheet required by local court rule.  If this case is complex under rule 1800 et seq. of the California Rules of Court, rule 201.8.) Failure to file may result in saccions.	1.	Breach of contract/warranty (06) (Ca	_
Other Furbing States (4) Differ contract (37) Differ contract (37) Asbestos (04) Real Property Differ Contract (37) Asbestos (04) Product lability (24) Differ Contract (37) Medical malpractice (45) Differ PIPDMD (23) Wrongful eviction (33) Other PIPDMD (23) Unlawful Detainer Business torfundair business practice (07) Civil rights (08) Civil rights (08) Defarmation (13) Fraud (16) Intellectual property (19) Intellectual property (19) Professional negligence (25) Other non-PIPDMD both (35) Differ non-PIPDMD both (35) Differ non-PIPDMD toth (35) Differ non-PI		Collections (09)	<b>-,</b> .
Asbestos (04) Real Property Securities itigation (28) Product liability (24) Eminent domain/linverse Condemnation (14) Substantial amount of documentary declaratory of related case, (You may use form CM-015.) Patin to file may result in sanctions.  Asterostos (04) Product liability (24) Eminent domain/linverse Condense (15) Eminent domain/linverse Condense (15) Eminent domain/linverse Condense (15) Condemnation (14) Condense (15) Co	Other P!/PD/WD (Personal Injury/Property	Insurance coverage (18)	<b>-</b>
Product liability (24)	1 ·	Other contract (37)	
Medical malpractice (45) Other PUPDWD (23) Wrongful eviction (33) Other PUPDWD (24) Wrongful eviction (33) Other PupDwD (25) Other PupDwD (26) Subsiness tortuniair business practice (07) Civil rights (08) Defamation (13) Defamation (13) Pract (16) Defamation (13) Pract (16) Professional negligence (25) Other non-PupDwD tott (35) Petition re: arbitration award (11) Professional negligence (25) Other non-PupDwD tott (35) Petition re: arbitration award (11) Other reinployment (15)  This case is is is not complex under rule 1800 of the California Rules of Court. If the case is complex, mark the factors requiring exceptional judicial management as large number of witnesses b. Extensive motion practice raising difficult or novel e. Coordination with related actions pending in one or more courts issues that will be time-consuming to resolve C. Sübstantial amount of documentary evidence f. Substantial postjudgment judicial supervision Number of causes of action (specify): Oxie (1) This case is is is not a class action suit. If there are any known related cases, file and serve a notice of related case. (You may use form CM-015.)  Plaintiff must file this cover sheet with the first paper filed in the action or proceeding.  Plaintiff must file this cover sheet with the first paper filed in the action or proceeding (except small claims cases or cases filed under the Probate Code, Family Code, or Welfare and Institutions Code). (Cal. Rules of Court, rule 201.8.) Failure to file may result in sanctions.  File this cover sheet in addition to any cover sheet required by local court rule.  If this case is complex under rule 1800 et seq, of the California Rules of Court, rule 201.8.) Failure to file may result in sanctions.  File this cover sheet in addition to any cover sheet required by local court rule.  If this case is complex under rule 1800 et seq, of the California Rules of Court, you must serve a copy of this cover sheet on all other parties to the action or proceeding.	1 = -		<b>-</b>
Non-PIPD/WD (23)	1 ===		7
Non-PIPD/WD (Other) Tort	1 ===		Insurance coverage claims arising from the
Business tortunfair business practice (07) Unlawful Detainer Civil rights (08) Commercial (31), Commercial (31), Miscellaneous Civil Complaint (20) Miscellaneous Civil Petition (21) Intellectual property (19) Judicial Review Miscellaneous Civil Petition (21) Miscellaneous			
Civil rights (08) Commercial (31) Miscellaneous Civil Complaint Defamation (13) Residential (32) RICO (27) Intellectual property (19) Judicial Review Miscellaneous Civil Petition Professional negligence (25) Asset forfeiture (05) Petition re: arbitration award (11) Partnership and corporate governance (21) Cither non-PUPD/WD tort (35) Petition re: arbitration award (11) Partnership and corporate governance (21) Wrongful termination (36) Other judicial review (39) Other employment (15)  This case Is Is Is not complex under rule 1800 of the California Rules of Court. If the case is complex, mark the factors requiring exceptional judicial management: Large number of separately represented parties d. Large number of witnesses  b. Extensive motion practice raising difficult or novel e. Coordination with related actions pending in one or more courts is substantial amount of documentary evidence  c. Substantial amount of documentary evidence  f. Substantial postjudgment judicial supervision  Type of remedies sought (check all that apply): a. If there are any known related cases, file and serve a notice of related case. (You may use form CM-015.)  Plaintiff must file this cover sheet with the first paper filed in the action or proceeding (except small claims cases or cases filed under the Probate Code, Family Code, or Welfare and institutions Code). (Cal. Rules of Court, rule 201.8.) Failure to file may result in sanctions.  File this case is complex under rule 1800 of seq. of the California Rules of Court, you must serve a copy of this cover sheet on all other parties to the action or proceeding.	· -	£nt	orcement of Judgment
Defamation (13) Residential (32) Miscellaneous (VIII. Complaint (73) Priodesional negligence (25) Judicial Review Miscellaneous (VIII. Petition (75) Petition re: arbitration award. (11) Partnership and corporate governance (21) Other non-Pt/PDWD tort (35) Petition re: arbitration award. (11) Partnership and corporate governance (21) Other efripioyment Writ of mandate (02) Other judicial review (39) Other judicial review (39)  This case is is is is not complex under rule 1800 of the California Rules of Court. If the case is complex, mark the factors requiring exceptional judicial management:  a large number of separately represented parties d. Large number of witnesses being Extensive, motion practice raising difficult or novel e. Coordination, with related actions pending in one or more courts issues that will be time-consuming to resolve in other counties; states, or countries, or in a federal court c. Substantial amount of documentary evidence f. Substantial positivingment judicial supervision  Type of remedies sought (check all that apply):  a V monetary b Parent Make V Parent Make (17) ONE (17)  This case is V is not a class action suit. If there are any known related cases, file and serve a notice of related case. (You may use form CM-015.)  Plaintiff must file this cover sheet with the first paper filed in the action or proceeding (except small claims cases or cases filed under the Probate Code, Family Code, or Welfare and Institutions Code). (Cal. Rules of Court, rule 201.8.) Failure to file may result in sanctions.  File this case is complex under rule 1800 of the California Rules of Court, you must serve a copy of this cover sheet on all other parties to the action or proceeding.		. [	Enforcement of judgment (20)
Fraud (16)			cellaneous Civil Complaint
Intellectual property (19)  Professional negligence (25)  Other non-PIPD/WD tort (35)  Employment  Writ of mandate (02)  Other petition (not specified above) (42)  Miscellaneous Civil Petition  Partnership and corporate governance (21)  Other petition (not specified above) (43)  Employment  Writ of mandate (02)  Other petition (not specified above) (43)  Other petition (not specified above) (43)  This case is is is is not complex under rule 1800 of the California Rules of Court. If the case is complex, mark the factors requiring exceptional judicial management:  a. Large number of separately represented parties d. Large number of witnesses  b. Estansive motion practice raising difficult or novel e. Coordination with related actions pending in one of more courts issues that will be time-consuming to resolve in other counties; states, or countries, or in a federal court of the counties states, or countries, or in a federal court in other counties. Type of remedies sought (check all that apply):  a. Winnestary b. Penmenetary declaratory or injunctive relief c. punitive  Number of causes of action (specify): ONE (1)  This case is winnest is not a class action suit.  If there are any known related cases, file and serve a notice of related case. (You may use form CM-015.)  Date: 1/2 / 19 / 2000  Plaintiff must file this cover sheet with the first paper filed in the action or proceeding (except small claims cases or cases filed under the Probate Code, Family Code, or Welfare and Institutions Code). (Cal. Rules of Court, rule 201.8.) Failure to file may result in sanctions.  File this cover sheet in addition to any cover sheet required by local court rule.  If this case is complex under rule 1800 et seq of the California Rules of Court, you must serve a copy of this cover sheet on all other parties to the action or proceeding.	, <u></u>	<del></del>	RICO (27)
Professional negligence (25) Other non-PUPD/WD tort (35) Employment Writ of mandate (02) Other polition (not specified above) (43) Other polition (not specified above) (43) Other polition (not specified above) (43) Other professional negligence (25) Employment Writ of mandate (02) Other publical review (39) Other publical review (39)  This case is is is not complex under rule 1800 of the California Rules of Court. If the case is complex, mark the factors requiring exceptional judicial management a. Large number of separately represented parties d. Large number of witnesses b. Extensive metion practice raising difficult or novel e. Coordination with related actions pending in one or more courts issues that will be time-consuming to resolve in other counties; states, or countries, or in a federal court c. Substantial amount of documentary evidence f. Substantial postjudgment judicial supervision Type of remedies sought (check all that apply): a. If in case is is is not a class action suit. If there are any known related cases, file and serve a notice of related case. (You may use form CM-015.) Date: 12/19   ZOOC  Plaintiff must file this cover sheet with the first paper filed in the action or proceeding (except small claims cases or cases filed under the Probate Code, Family Code, or Welfare and Institutions Code). (Cal. Rules of Court, rule 201.8.) Failure to file may result in sanctions. File this cover sheet in addition to any cover sheet required by local court rule. If this case is complex under rule 1800 et seq of the California Rules of Court, you must serve a copy of this cover sheet on all other parties to the action or proceeding.	1		Other complaint (not specified above) (42)
Other non-PI/PDWD tort (35)  Petition re: arbitration award (11)  Partnership and corporate governance (21)  Employment  Writ of mandate (02)  Other pidicial review (39)  Other employment (15)  Other pidicial review (39)  Other employment (15)	· —		cellaneous Civil Petition
Employment   Writ of mandate (02)   Other pelition (not specified above) (43)	·	1.	Partnership and corporate governance (21)
Other employment (15)  Other employment (15)  Other employment (15)  This case is is is is not complex under rule 1800 of the California Rules of Court. If the case is complex, mark the factors requiring exceptional judicial management.  a. Large number of separately represented parties d. Large number of witnesses  b. Extensive motion practice raising difficult or novel e. Coordination with related actions pending in one or more courts issues that will be time-consuming to resolve in other counties; states, or countries, or in a federal court c. Substantial amount of decumentary evidence f. Substantial postjudgment judicial supervision  Type of remedies sought (check all that apply):  a. If monetary b. remember of causes of action (specify): ONE (1)  This case is Is is is not a class action suit.  If there are any known related cases, file and serve a notice of related case. (You may use form CM-015.)  Other: /// Indicate Cases, file and serve a notice of related case. (You may use form CM-015.)  Plaintiff must file this cover sheet with the first paper filed in the action or proceeding (except small claims cases or cases filed under the Probate Code, Family Code, or Welfare and institutions Code). (Cal. Rules of Court, rule 201.8.) Failure to file may result in sanctions.  File this case is complex under rule 1800 et seq. of the California Rules of Court, you must serve a copy of this cover sheet on all other parties to the action or proceeding.			Other pelition (not specified above) (43)
Other employment (15)  2. This case  is  is not complex under rule 1800 of the California Rules of Court. If the case is complex, mark the factors requiring exceptional judicial management:  a.  Large number of separately represented parties  d.  Large number of witnesses  b.  Extensive motion practice raising difficult or novel  e.  Coordination with related actions pending in one or more courts  issues, that will be time-consuming to resolve  in other counties; states, or countries, or in a federal court  c.  Substantial amount of documentary evidence  f.  Substantial postjudgment judicial supervision    7. Type of remedies sought (check all that apply):  a.  monetary  b.  nemenetary declaratory or injunctive relief  c.  punitive    Number of causes of action (specify): ONE (1)  7. This case  is  is not a class action suit.  6. If there are any known related cases, file and serve a notice of related case. (You may use form CM-015.)  Oate: 12/19/2005  Plaintiff must file this cover sheet with the first paper filed in the action or proceeding (except small claims cases or cases filed under the Probate Code, Family Code, or Welfare and Institutions Code). (Cal. Rules of Court, rule 201.8.) Failure to file may result in sanctions.  File this case is complex under rule 1800 et seq. of the California Rules of Court, you must serve a copy of this cover sheet on all other parties to the action or proceeding.			
is not complex under rule 1800 of the California Rules of Court. If the case is complex, mark the factors requiring exceptional judicial management:  a. Large number of separately represented parties d. Large number of witnesses  b. Extensive motion practice raising difficult or novel e. Coordination with related actions pending in one or more courts issues that will be time-consuming to resolve in other counties, states, or countries, or in a federal court c. Substantial amount of documentary evidence f. Substantial postjudgment judicial supervision  7. Type of remedies sought (check all that apply):  a. I monetary b. nemmenetary: declaratory or injunctive relief c. punitive  Number of causes of action (specify): ONE (1)  This case is V is not a class action suit.  If there are any known related cases, file and serve a notice of related case. (You may use form CM-015.)  Date: 12/19 2006  Plaintiff must file this cover sheet with the first paper filed in the action or proceeding (except small claims cases or cases filed under the Probate Code, Family Code, or Welfare and Institutions Code). (Cal. Rules of Court, rule 201.8.) Failure to file may result in sanctions.  File this cover sheet in addition to any cover sheet required by local court rule.  If this case is complex under rule 1800 et seq. of the California Rules of Court, you must serve a copy of this cover sheet on all other parties to the action or proceeding.	1 = 1	United Judicial Teview (35)	
Factors requiring exceptional judicial management  a. Large number of separately represented parties d. Large number of witnesses  b. Extensive motion practice raising difficult or novel e. Coordination with related actions pending in one or more courts issues that will be time-consuming to resolve in other counties; states, or countries, or in a federal court  c. Substantial amount of documentary evidence f. Substantial postjudgment judicial supervision  7. Type of remedies sought (check all that apply):  a. If there are any known related cases, file and serve a notice of related case. (You may use form CM-015.)  Date: 12/19/2000  Time of the Cook  (TYPE OR PRINT NAME)  Plaintiff must file this cover sheet with the first paper filed in the action or proceeding (except small claims cases or cases filed under the Probate Code, Family Code, or Welfare and institutions Code). (Cal. Rules of Court, rule 201.8.) Failure to file may result in sanctions.  File this cover sheet in addition to any cover sheet required by local court rule.  If this case is complex under rule 1800 et seq. of the California Rules of Court, you must serve a copy of this cover sheet on all other parties to the action or proceeding.		play under rule 1800 of the California Rules	of Court If the case is compley mark the
b.  Extensive motion practice raising difficult or novel e.  Coordination with related actions pending in one or more courts issues that will be time-consuming to resolve in other counties, states, or countries, or in a federal court c.  Substantial amount of documentary evidence f.  Substantial postjudgment judicial supervision  Type of remedies sought (check all that apply):  a.  monetary b.  nenimenetary declaratory or injunctive relief c.  punitive  Number of causes of action (specify): ONE (1)  This case  is is is is not a class action suit.  If there are any known related cases, file and serve a notice of related case. (You may use form CM-015.)  NOTICE  Plaintiff must file this cover sheet with the first paper filed in the action or proceeding (except small claims cases or cases filed under the Probate Code, Family Code, or Welfare and Institutions Code). (Cal. Rules of Court, rule 201.8.) Failure to file may result in sanctions.  File this cover sheet in addition to any cover sheet required by local court rule.  If this case is complex under rule 1800 et seq. of the California Rules of Court, you must serve a copy of this cover sheet on all other parties to the action or proceeding.			or court if the case is designed, thank are
b. Extensive motion practice raising difficult or novel e. Coordination with related actions pending in one or more courts issues that will be time-consuming to resolve in other counties, states, or countries, or in a federal court c. Substantial amount of documentary evidence f. Substantial postjudgment judicial supervision  7. Type of remedies sought (check all that apply):  a. Immediately b. Immediately declaratory or injunctive relief c. Immediately punitive  7. Number of causes of action (specify): ONE (1)  8. This case is is is in not a class action suit.  9. If there are any known related cases, file and serve a notice of related case. (You may use form CM-015.)  1. One of the countries of related case. (You may use form CM-015.)  1. One of the countries of related case. (You may use form CM-015.)  1. One of the countries of related case. (You may use form CM-015.)  1. One of the countries of related case. (You may use form CM-015.)  1. One of the countries of related case. (You may use form CM-015.)  1. One of the countries of related case. (You may use form CM-015.)  1. One of the countries of related case. (You may use form CM-015.)  1. One of the countries of related case. (You may use form CM-015.)  1. One of the case of cases filed under the Probate Code, Family Code, or Welfare and Institutions Code). (Cal. Rules of Court, rule 201.8.) Failure to file may result in sanctions.  1. File this cover sheet in addition to any cover sheet required by local court rule.  1. If this case is complex under rule 1800 et seq. of the California Rules of Court, you must serve a copy of this cover sheet on all other parties to the action or proceeding.	a. Large number of separately repre	sented parties d. Large number of	witnesses
issues that will be time-consuming to resolve in other counties; states, or countries, or in a federal court c. Substantial amount of documentary evidence f. Substantial postjudgment judicial supervision.  Type of remedies sought (check all that apply):  a. If monetary b. neemenetary: declaratory or injunctive relief c. punitive.  In Number of causes of action (specify): ONE (1)  In this case is is is in not a class action suit.  If there are any known related cases, file and serve a notice of related case. (You may use form CM-015.)  In the court of causes of action (specify): ONE (1)  In the court of causes of action (specify): ONE (1)  In the court of causes of action (specify): ONE (1)  In the case is is is in not a class action suit.  If there are any known related cases, file and serve a notice of related case. (You may use form CM-015.)  NOTICE  Plaintiff must file this cover sheet with the first paper filed in the action or proceeding (except small claims cases or cases filed under the Probate Code, Family Code, or Welfare and Institutions Code). (Cal. Rules of Court, rule 201.8.) Failure to file may result in sanctions.  File this cover sheet in addition to any cover sheet required by local court rule.  If this case is complex under rule 1800 et seq. of the California Rules of Court, you must serve a copy of this cover sheet on all other parties to the action or proceeding.			related actions pending in one or more courts
C. Substantial amount of decumentary evidence f. Substantial postjudgment judicial supervision  3. Type of remedies sought (check all that apply):  a. \( \sqrt{nonetary} \) b. \( \sqrt{nermenetary} \) declaratory or injunctive relief c. \( \sqrt{y} \) punitive  1. Number of causes of action (specify): \( \text{OVE} \) (1)  3. This case \( \sqrt{is} \) is not a class action suit.  3. If there are any known related cases, file and serve a notice of related case. (You may use form CM-015.)  3. Oate: \( \frac{12}{19} \) \( \frac{1}{2000} \)  4. \( \text{COOK} \)  4. \( \text{COOK} \)  5. NOTICE  4. Plaintiff must file this cover sheet with the first paper filed in the action or proceeding (except small claims cases or cases filed under the Probate Code, Family Code, or Welfare and Institutions Code). (Cal. Rules of Court, rule 201.8.) Failure to file may result in sanctions.  5. File this cover sheet in addition to any cover sheet required by local court rule.  6. If this case is complex under rule 1800 et seq. of the California Rules of Court, you must serve a copy of this cover sheet on all other parties to the action or proceeding.			states, or countries, or in a federal court
a.  Minimum in the probate Code, Family Code, or Welfare and Institutions Code). (Cal. Rules of Court, rule 201.8.) Failure to file may result in sanctions.  • File this cover sheet in addition to any cover sheet required by local court rule.  • If this case is complex under rule 1800 et seq. of the California Rules of Court, you must serve a copy of this cover sheet on all other parties to the action or proceeding.			dgment judicial supervision
Number of causes of action (specify): ONE (1)  This case is is is is not a class action suit.  If there are any known related cases, file and serve a notice of related case. (You may use form CM-015.)  Oate: 12/19/2006  NOTICE  Plaintiff must file this cover sheet with the first paper filed in the action or proceeding (except small claims cases or cases filed under the Probate Code, Family Code, or Welfare and Institutions Code). (Cal. Rules of Court, rule 201.8.) Failure to file may result in sanctions.  File this cover sheet in addition to any cover sheet required by local court rule.  If this case is complex under rule 1800 et seq. of the California Rules of Court, you must serve a copy of this cover sheet on all other parties to the action or proceeding.	3. Type of remedies sought (check all that ap	ρly):	
is not a class action suit.  If there are any known related cases, file and serve a notice of related case. (You may use form CM-015.)  Date: /2/19/2006  Timethy Cook  NOTICE  Plaintiff must file this cover sheet with the first paper filed in the action or proceeding (except small claims cases or cases filed under the Probate Code, Family Code, or Welfare and Institutions Code). (Cal. Rules of Court, rule 201.8.) Failure to file may result in sanctions.  File this cover sheet in addition to any cover sheet required by local court rule.  If this case is complex under rule 1800 et seq. of the California Rules of Court, you must serve a copy of this cover sheet on all other parties to the action or proceeding.	a. monetary b. nenmeneta	ny: declaratory or injunctive relief c. Y	punitive
If there are any known related cases, file and serve a notice of related case. (You may use form CM-015.)  Oate: /2/19/2006  Timothy Cook  NOTICE  Plaintiff must file this cover sheet with the first paper filed in the action or proceeding (except small claims cases or cases filed under the Probate Code, Family Code, or Welfare and Institutions Code). (Cal. Rules of Court, rule 201.8.) Failure to file may result in sanctions.  File this cover sheet in addition to any cover sheet required by local court rule.  If this case is complex under rule 1800 et seq. of the California Rules of Court, you must serve a copy of this cover sheet on all other parties to the action or proceeding.	4. Number of causes of action (specify): ON	€ (1)	
Oate: 12/19/2006  Timothy: Cook  (TYPE OR PRINT NAME)  NOTICE  Plaintiff must file this cover sheet with the first paper filed in the action or proceeding (except small claims cases or cases filed under the Probate Code, Family Code, or Welfare and Institutions Code). (Cal. Rules of Court, rule 201.8.) Failure to file may result in sanctions.  File this cover sheet in addition to any cover sheet required by local court rule.  If this case is complex under rule 1800 et seq. of the California Rules of Court, you must serve a copy of this cover sheet on all other parties to the action or proceeding.	5. This case is is is not a cla	ss action suit.	
(SIGNATURE OF PRINT NAME)  NOTICE  Plaintiff must file this cover sheet with the first paper filed in the action or proceeding (except small claims cases or cases filed under the Probate Code, Family Code, or Welfare and Institutions Code). (Cal. Rules of Court, rule 201.8.) Failure to file may result in sanctions.  File this cover sheet in addition to any cover sheet required by local court rule.  If this case is complex under rule 1800 et seq. of the California Rules of Court, you must serve a copy of this cover sheet on all other parties to the action or proceeding.	6. If there are any known related cases, file a	nd serve a notice of related case. (You may	use form CM-015.)
(SIGNATURE OF PRINT NAME)  NOTICE  Plaintiff must file this cover sheet with the first paper filed in the action or proceeding (except small claims cases or cases filed under the Probate Code, Family Code, or Welfare and Institutions Code). (Cal. Rules of Court, rule 201.8.) Failure to file may result in sanctions.  File this cover sheet in addition to any cover sheet required by local court rule.  If this case is complex under rule 1800 et seq. of the California Rules of Court, you must serve a copy of this cover sheet on all other parties to the action or proceeding.	Date: 12/19/2006		712A 1
Plaintiff must file this cover sheet with the first paper filed in the action or proceeding (except small claims cases or cases filed under the Probate Code, Family Code, or Welfare and Institutions Code). (Cal. Rules of Court, rule 201.8.) Failure to file may result in sanctions.  File this cover sheet in addition to any cover sheet required by local court rule.  If this case is complex under rule 1800 et seq. of the California Rules of Court, you must serve a copy of this cover sheet on all other parties to the action or proceeding.		Sound,	for Court
<ul> <li>Plaintiff must file this cover sheet with the first paper filed in the action or proceeding (except small claims cases or cases filed under the Probate Code, Family Code, or Welfare and Institutions Code). (Cal. Rules of Court, rule 201.8.) Failure to file may result in sanctions.</li> <li>File this cover sheet in addition to any cover sheet required by local court rule.</li> <li>If this case is complex under rule 1800 et seq. of the California Rules of Court, you must serve a copy of this cover sheet on all other parties to the action or proceeding.</li> </ul>		(SIGNA	TUBE OF PARTY OF ATTORNEY FOR PARTY)
in sanctions.  • File this cover sheet in addition to any cover sheet required by local court rule.  • If this case is complex under rule 1800 et seq. of the California Rules of Court, you must serve a copy of this cover sheet on all other parties to the action or proceeding.	Plaintiff must file this cover sheet with the lunder the Probate Code Family Code or Versions	irst paper filed in the action or proceeding (e.	xcept small claims cases or cases filed Court rule 201.8 ) Failure to file may result
<ul> <li>File this cover sheet in addition to any cover sheet required by local court rule.</li> <li>If this case is complex under rule 1800 et seq. of the California Rules of Court, you must serve a copy of this cover sheet on all other parties to the action or proceeding.</li> </ul>	in sanctions.		
other parties to the action or proceeding.	<ul> <li>File this cover sheet in addition to any cover</li> </ul>	er sheet required by local court rule.	
that the first second s		eq. of the California Rules of Court, you mus	t serve a copy of this cover sheet on all
		neet will be used for statistical numoses only	
• Unless this is a complex case, this cover sheet will be used for statistical purposes only.  Page 1 of 2  The Address tendeless lies a complex case, this cover sheet will be used for statistical purposes only.  Page 1 of 2  The Address tendeless lies a complex case, this cover sheet will be used for statistical purposes only.  Call Rules of Court rules 2018, 1800–1812;	Cineas tria is a corribiex case, this cover si		

### Introduction

Plaintiff, Timothy Cock, is an inmate at Palican Beng State prison - Security Housing Unit (PBSP-SHU); who brings their case, before this court, challenging the medical neglect, deliberate indifference and deprivation of due process. Plaintiff will show the continuing failure to medically treat plaintiff and prove the will holding of do cumentation that would altamately give plaintiff a posterior out come on an administrative appeal, Violating plaintiffs California Constitution, Art. 1 Sec. 15, 17; 15 California Code of Regulations & 3350 et seq. Sand his protected United States Constitution & the and 14th Amendments.

Defendent family Nuise Practitioner (FNP) Sui Risen hower is the medical growider for PBSP-SHU inmetes at its D'facilité who fails to use the degree of skill issual among doctors of good standing in the community and that her actis or omissions are the proximate cause of injury to plainleff.

Detendents, C.D. Worch, Medical Appeals Tracking Program Analyst; Maureen McLean, FNP, Health Care Manayer; A. Thacker, CSHA II - STAFF Reviewer and M.C. Sayre M.D. CHief Medical Officers (A) fueled to competently conduct reviews sufficient to the degree used in their professional position in order to maintain the safety and Well being of all inmates, including plaintiff, under their care at PBSP.

Defindent, Robert Horel, is (warden) at PBSP who over sees all operations at PBSP and also fails to meet his responsibility as warden, to ensure the safety and well being of all inmates under his care as grandean.

All dufon disate and recommended in come correction to the First

The state of the s	982.1(1
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State number, and address):	FOR COURT USE ONLY
TIMMININ COOK EYDYI 9	
A.O.BOX 7500 D4-206 IN PRO SE CRESCENT CITY .CA. 95532	
PELICAN BAY STATE MISON	
TELEPHONE NO: FAX NO. (Optional):	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF DEL NORTE	
STREET ADDRESS: 450 H STREET	
MALING ADDRESS: SAME CITY AND ZIP CODE: CRESCEN LITY CA. 75531	
BRANCH NAME:	
PLAINTIFF: TIMOTHY COOK	
2 ació il are kumparul etal	
DEFENDANT: ROBERT HUREL IWARDEN I et al.,	
DOES 1TO /5	
COMPLAINT—Personal Injury, Property Damage, Wrongful Death	
AMENDED (Number): Type (check all that apply):	
Type (check all that appry).   MOTOR VEHICLE	
Property Damage Wrongful Death	
Personal Injury Other Damages (specify):	
Jurisdiction (check all that apply):	CASE NUMBER:
ACTION IS A LIMITED CIVIL CASE	
Amount demanded does not exceed \$10,000	
exceeds \$10,000, but does not exceed \$25,000	
ACTION IS AN UNLIMITED CIVIL CASE (exceeds \$25,000)  ACTION IS RECLASSIFIED by this amended complaint	
from limited to unlimited	
from unlimited to limited	
1. Plaintiff (name or names): TIMOTHY COOK	, , , ,
alleges causes of action against defendant (name or names): Robert Honel.(W	Arden et al.
2. This pleading, including attachments and exhibits, consists of the following number of page	ges:
3. Each plaintiff named above is a competent adult $y = 5$	
a. except plaintiff (name):	
(1), a comoration qualified to do business in California	
(2) an unincomporated entity (describe):	
(3)/a public entity (describe).	
(4) a minor an adult (a) for whom a guardian or conservator of the estate or a guard	lian ad litom has been appointed
	nan ad ment has been appointed
b. except plaintiff (name):  (1) a corporation qualified to do business in California	
• • • • • • • • • • • • • • • • • • • •	
(3) a public entity (describe): (4) a minor an adult	
(a) for whom a guardian or conservator of the estate or a guard	lian ad litem has been appointed
(b) other (specify):	
(5) other (specify):	
Col. Find and Johannish	
Information about additional plaintiffs who are not competent adults is shown in Atla	chment 3
inionilation about additional plantins who are not competent additions shown in Atta	Pages of
Form Approved for Optional Use COMPLAINT—Personal Injury, Property	Code of Civil Procedure, § 425.1

<b>a</b> ,	982.1(
SHORTTITLE: COOK VS. HOREL, et al.	CASE AUMBER:
4. [ Plaintiff (name)	
is doing business under the fictitious name (specify):	
and has complied with the fictitious business name laws.	
5. Each defendant named above is a natural person YES	
a. except defendant (name):	c except defendant (name):
(1) a business organization, form unknown	(1) a business organization, form unknown
(2) a corporation	(2) a corporation (3) a corporated entity (describe).
(3) an unincorporated entity (describe):	(o) annumber accounts (cocounts).
(4) a public entity (describe):	(4) a public entity (describe):
(5) other (specify):	(5) cther (specify):
b. except defendant (name):	d except defendant (name):
b. except defendant (name):  (1) a business organization, form unknown	(1) a business organization, form unknown
(2) a corporation	(2) a corporation
(3) an unincorporated entity (describe):	(3) an unincorporated entity (describe):
(4) a public entity (describe):	(4) a public entity (describe):
	(5) other (specify):
(5) other (specify):	(5) other (specify):
information about additional defendants who are not nat	tural persons is contained in Attachment 5.
6. The true names of defendants sued as Does are unknown to	plaintiff. YES
- control of the cont	were the agents or employees of other
a. Doe defendants (specify Doe numbers).  named defendants and acted within the scope of the	at agency or employment.
	uch 15 are persons whose capacities are unknown to
plaintiff. 7. Defendants who are joined under Code of Civil Procedu	tre section 387 are (names)
7. Delendants will are joined under Gode or Given 1000dd	and debuted due (maintee).
8. This court is the proper court because	アンデルス ちょくしゅ じゅ かばる
a. at least one defendant now resides in its jurisdiction	ial-area.
	pration or unincorporated association is in its jurisdictional area.
- c. injury to person or damage to personal property occ	curred in its jurisdictional area.
d. other (specify):	
9. Plaintiff is required to comply with a claims statute, and	
a. has complied with applicable claims statutes, or	
b. is excused from complying because (specify):	

ġ.		(					982.1(
SH	ORT TITL	E COOK VS. HOREL	et al.	• • • • • • • • • • • • • • • • • • • •		CA JMBER	
4.	•						
10.	The foll	owing causes of action are	attached and the st	atements abov	e apply to each (	each complaint mu	st have one or more
	causes	of action attached):		•			
	a	Motor Vehicle		• • •			
	ь. <u>У</u>	General Negligence			•		
•	C. 15	intentional Tort Products Liability	. •		·		
· - ·	d.	Premises Liability	•	• •		•	
	e	Other (specify):			: .		•
	"	,		•	· · · ·	•	·
					•	••	
	٠,			•. '	٠		(
			· · · · · · · · · · · · · · · · · · ·	• •		• •	
11.	Plaintiff	has suffered		•	•	•	
	a. 🗀	wage loss		*.		•	
	b. 📝	loss of use of property	•	•			
	c	hospital and medical expe	nses				
	d. 🔽	general damage	٠. ;			•	
	e	property damage. I loss of earning capacity.				•	
٠, ١	g.	other damage (specify):	٠, .	1		4	
	8	. 04/0/ 44/19		•			
•							
•						40 <b>*</b>	
			• •				
12.		ne damages claimed for wro	ngful death and the	relationships of	of plaintiff to the d	leceased are	
•	а. 🔃	listed in Attachment 12.			1		
	b	as follows:	•	~·			
		•		•			
٠,							
				••	·		
		•	• • • • • • • • • • • • • • • • • • • •		* - *	···	
	• •				•		
19	The reli-	ef sought in this complaint is	within the jurisdicti	on of this courf	YES		
10.	THE LOW	si sought in this complaint is	Titimi alo jonedion				
				• • • • • • • • • • • • • • • • • • • •			
٠.		and the state of the state of	e de la companya de La companya de la co		ر ۱۰ معلم معادد و درای ماند		
14.	Plaintiff	prays for judgment for cos	is of suit; for such in	eller as is rair, j	usi, and equitable	e, and for	
	7 0 1	compensatory damag	es				•
	(2).	amount of damages is (in ca	ases for personal in	iurv or wmnafi	il death, vou mus	t check (1)):	
	(1)			ci, o. mongia		· · · ·	
. '		in the amount of: \$3	1.550 -		:		
	. 1-7. 1	Arrive Transport Control of the Cont					
						•	
15.	[V] Th	e paragraphs of this compla	int alleged on infor	nation and beli	ef are as follows	(specify paragraph	numbers):
		23, 24, 27, 33					
			•	· 2.	•		• •
			· · · · · · · · · · · · · · · · · · ·	.*		. •	
Date	: /2 /1	9/2006			•		
	1.			•	12	E. m. C.	
		- 11 A 11	•		10.0	1626	
•		Timothy Look			Jimen ka	J-Color	
		(TYPE OR PRINT NAME)		·		ATURE OF PLAINTIFF OR	ATTORNEY)
982.1(1	) IRev. Janua	iv 1 2006]	COMPLAINT-	-Personal in	ury, Property		Page 6 of

Cook vs. Horen, et al.

NO.

Cause of Action - General Negliquice

pg. 6

NO.

attachment to complaint

Timothy Cock, plaintiff alleges that Robert Horal, et al., and Does I through 15 was the legal proximate cause of damages to plaintiff. By the following acts or omissions to act, detendents negligently caused the damage to plaintiff on, November 14, 2005 at Pelican Bay State Prison. Crescent City, California.

### Statement of Facts.

Ï.

- 1). The California Department of Corrections and Rehabilitation (CDCR) have a general departmental policy that it will provide medical services only based on necessity and supported by outcome data as effective medical care. Medical necessity is defined as pervices reasonable and necessary to protect life, prevent significant illness or disability or alleviate severe pair.
- 2) Plaintiff submitts he suffers from cervical and lumbisacial severe pain caused by years of degenerative disc disease; previous motorcycle accident, which have plaaged plaintiff with significant pain.
- 3) Plaintiff Suffers a diffuse disc; prolongation of the 72 and an hemongioma along the unterior C3 vertabral body ....

- 4) Amongst the aforementioned complications, plaintiff suffers from bony fragments that float in his cervical area which limit ordinary life movements, causing extreme pain
- from a long standing focal destruction change involving the bone with notch deformity resulting in extreme pain, limiting ordinary life movement. All of which is supported by effective medical data, [see Ex: A], herein
- treating plaintiff with physical theropy, medication and conservative remedies such as issuing him an extra pillow and
  mattress. However, on Nov. 14, 2005 after two and one half
  years of medical care, they discontinued their treatment due
  to budget restraints, greed and a supervisory decision.
  Not because plaintiff was healed and had crase to experlance severe pain.
- The Plaintiff submitts he contested the denial of medical treatment and asked his, FNP, Sone Risenhowen to phease explain why she decided to, all of the sudden discontinual his medical care when things were working just fine.

Supplemental attachment Sue Risenhooners reply invas that her call was based on a supervisory call due to the budget and that she had to go along with what her bosses were telling her to do and she didn't want to lose her job ... especially with a recent pag increase. Didn't want to take the risk. Furthermore, she said that of plaintiff disagreed, he could write up an appeal and complain to Sacraments about it. Plaintiff replied by suying he has significant reasons why she should reconsider her decision not to afford plaintiff fronther medical come and brought to his attention that she is fully aware of all the medical problems and medical duta supporting plaintiffs claims of pain and necessity for such care. FNP Sue Rosenhoover said she's fully aware of plaintiffs medical. condition because she had been treating him for years, but, her hands were tred - sorry.

Plaintiff Submits he then inquired as to what exactly are the things she will be cutting from his medical care. Risenhover stated: No mothers and physical theropy, but she would prescribe some Tylenol to plaintiff if he inshes. Plaintiff said that she couldn't talk his mattress without violating his due process because he had already won the right to have an extra mattress on administrative appeal. [see Ex: B] herein, (medical Chrone ordered by Dr. Hechanova). Plus, she had already renewed plaintiffs chrone in August of 04 [see Ex: B] herein

supplemental attackment

9). At this point, FNP, Suc Risenhouver became argumentation and ordered the corrections guard to remove plaintiff from the clinic. Plaintiff said he would appeal.

### Subsequent Administration Appeal 1602 to Recieve Extra Mattress and Physical Thereps

- 10). Subsequent to the denial of plaintiffs extra mattress and physical thereps, plaintiff filed an additional appeal/602 in attempt to remedy the cause. This action took place on November 27 2005, [See Ex: C] herein.
- In Plaintiff was a ssigned a staff reviewer to investigate and track his appeal after no relief was given at the informal level. This staff analyst was C. D. Worch from the Medical Appeals Office here at PBSP. After an interview with C.D. Worch on January 31 2006, she indicated that an extra mattress was it was fixed that are extra branket was given to plaintiff in lieu of a double mattress. She never mentioned anything about plaintiff physical therepy.
- inmate regrest for interview as well as on administration apposed that he had been granted an appeal, previously, to have an extra mattress and to deny hein the mattress and the documentation to prove it would violate his due process of law protected cenain the U.S.C. 14 amendment; California ...

Supplemental attachment pg 10 ... Constitution, Article I sec. 15 and 15 CCR \$ 3350 et seq. Forthermore, plaintiff submitts that he asked C.D. Worch to search his medical file and/or the medical appeals officer for a copy of the aforementioned appeal, because plaintiff lost the original copy and needed it to substantiate his claim on subsequent appeal. To no avail, plaintiff appeal was pushed along to the next beind with no relief in

(13) M. McLean, FNP, Health Care Manager was assigned to investigate plaintiffs subsequent appeal at the second level on March 29, 2006. She assigned, A. Thacker, CHSAII and M.C. Sayne, M.D. Chart Medical Office (A) to Review placentists medical file and responses. They claim no record of an appeal was found in medical fits supporting plaintiffs claim of a previous affect greating plaintiff the right to have an extra mattress authored by Dr. Hechaneva. Hotably missing was a thourough secret of the medical Appeals Frecords where they Keep and copies of Medical Appeals -Thus iresulting in an incompetent investigation. Plaintist then inoved for Hurd level exhaustion of appeal at the Directors slevel Immet Appeals Branch in sacraments in which they basically rubber stanged: No changes or modifications are irequired by the institution. Plaintiff has exhausted his administration appeal [ See Ex: c] herein

Supplemental attachment.

14). Faced with the delema of being given the run-around plaintest moved for an Olsen Review in attempt to retrieve anything that could back up his cluim from his medical file. [See Ex. 0] herein

### Inmate Request for Olsen Review And los corres of Health Records

III

- 15) May 4th 2006, Plaintiff had an Olsen Review to further investigate documentation from his medical file to support an appeal challenging a denual of medical care.
- 16) At Plaintiffs Olsen Beview he requested several express of his medical records including a copy of a chrono from Doctor. Hechanova re: extra mattress approval from 1-6-2003.

  Hechanova re: extra mattress approval from 1-6-2003.

  Hechanova plaintiff asked the Medical Technical Assistant (MTA)

  mame unknown to plaintiff who was conducting the review of she would look in the madeal appeals office for a copy of plaintiff appeal/602 which granted him a double mattress, authored by Doctor Hechanova.
- by unknown MTA, she indicated that no 602 s filed in medical file but Medical Appeals Office did find one REE DBL mattress granted from DR Hechanova, and that I was to contact the Medical Appeals Office for further nesearch [See Ex. D] herein.

supplemental attachment points of evidence showing plaintiff was
talling the truth and proving that the staff investigations/
reviewer-analyst were depriving plaintiff of concrete
data which would of substantiated plaintiffs claim from
the onset and eleviated the mental, physical and emotional
pain and stress, he then moved to request a copy of said
data by way of an innate request for interieur form addressed
to Medical Appeals Office a D-Worch which she alternately
depriving plaintiff of his clae-process. Plaintiff submitts this
giver rise to a state created liberty intrest - deliberate
indifferences. Is ex Ex ET herein

19) Plaintiff has lived in constant pain and anglish and loss of sleep due to the deprivation of medical care. All defendents in this case have shown bad faith and divregued for the plaintiffs medical care and even takent plaintiff whenever he goes to his medical appointments to be for an extra mattress, medication and physical theropy. At one point FNP Sux Resenhouser said plaintiff was approved for physical theropy, but, insisted that he be placed at the bottom of the list due to his condensending attitude. That was 7 months ago.

supplemental attachment pg 13
30) Plaintiff Submitts that for I years he has been
Succumbed to medical neglect and further damage to
his mental and physical well being To this date plaintiff
only receives an anti-inflamatory at 15 pills at a
time to be taken every other day. Each chronic care
appointment for plaintiff are in 90 day intervals. The
medication runs out within a month. Thus, having to
suffer more pain for the remainding Two months before
he can request more meds at his chronic care appointment.
Plaintiff seaks relief in compensatory damages
Jointly and individually by each defendant.

21) Plaintiff submits that he filed a claim with the Viction Compensation and Government Claim Board on 6-1-2006 and was rejected at its hearing an Sept 27, 2006. There in

### Drefen dents

72) Robert Horel, Warden; FNP, Sur Rivenhouver; Macire McLean FNP, Hooth care Manager; A. Thacker CHSAII; M. C. Sayre M.D. Chief Medical Officer (A) and C.D. Worch, Medical Appeals Tracking Program Analyst failed to use the obegine of skill usual among doctors + officers in good standing in the community and their costs and/or omissions are the proximate cause of fanthing the

supplemental attachment constant pain suffered by plainter.

P9-14

Hat defendent have known of his medical condition since plaintiffs trainsfer to (PBSP) in Jan of 2001 Plaintiff.

Submitts that each defendent mentioned in this Tortaction is and all times relevent herein, was employeed by the (CDER) as a medical health core provider, practitioner, manager, officer, analyst and for reviewer at (PBSP)

24) Plainteff is informed and believes and thereon all egus that defendents have acted intentionally in the manor described above and with knowledge of plaintiffs suffering and three risks of finished serious harm that could result from their actions or refusal to act. As a proximate result of defendents conduct plaintiff has suffered and continues to suffer general damages in the form of severe pain and suffering as well as emotional stress Plaintiff is informed and believes he will continue to suffer such damages in the fations.

25) Defendents conduct violates state and federal constitutions state laws; and state regulations because that conduct constitutes - violates due process of law and the right to be free from cruel and un usual punishment.

Supplemental attachment pg.15

26) In acting as described above, defendents acted

despicably, Knowingly, willfully and maliciously or with reckless

or calloas disregulard to plaintiff rights entitling him to

an award of exemplany and punitive damages.

27) Defendents designated herein as Does 1 through 15; inclusive; consist of individuals who were or are currently employeed by the (CDCR) and are responsible for the medical care of all immates at (PBSP), including but not limited to the supervision, direction and/or proper training of the medical staff at (PBSP) in the delivery of health care solviers and the management of health core programs; involvement in the determination of proper care for inmates; including but not limited to having authority to assure that inmates who are transfered to other institutions recueive proper medical corres, Having authority and responsibility for assuring proper ordering and stocking of medical supplies; communication of medical preeds to the correctional staff and generally making sure that proper medical cone is provided to all inmates. Plaintiff is informed and believes and thousan alleges each of these doesdetendents through 15 is responsible is some manor for the damages alleged in this TORT. At all times in entioned herein the se defendents were acting under the color of kind in the cocase and scope of their employment and are sued in their official and individual capacities. The true names and capacities of said DOES I through 15 are presently unknown to plaintiff,

Supplemental attachment pg. 16 who therefore such them by fecticious names and evill seek leave to amend this Tort action to add their true names and capacities when they have been ascertained.

## ( Violation of Cal. Const. - Art. 1 sec. 17 (tenusual punishment))

the allegations of paragraphs I through 27, inclusive.

Defendents have intentionally inflicted physical and emotional pain and suffering against plaintiff for the purpose of depriving him his state protected right to be free from the infliction of cruel and anusual punishment.

## Second Claim for Relief (Violation of Cal: Const. - Art. 1 sec (5 - due process)

29) Plaintiff refers to and incorporates by reference herein the allegations of paragraphs 1 through 27, inclusive.

Defendents have intentionally deprived plaintiff his state protected right to life liberty or property without due-process of law.

supplemental attachment

pg. 67.

# Third Claim for Relief (Violation of 15 Cal Code of Regs \$3350 et seg)

30) Flaintiff refers to and incorporates by reference herein the allegations of paragraphs I through 27, in clusion. Defending have intentionally inflicted physical and emotional pain against plaintiff for this purpose of depring him his right to be treated with proper medical care under 15 CCK \$3550 etsey.

## (Violation - U.S.C. 14th amendment - du process)

31) Plaintiff refers to and incorporates by reference the allegations herein of paragraphs I through 27, inclusive. Defendents have intentionally inflicted emotional pain and saffering against plaintiff for the purpose of depriving him his federally protected right to life, liberty or property without die process of law

## Fifth Claim for Relief (Violation - USC- 6th amendment - cincinial prinishment)

32) Plaintiff refers to and incorporates by reference herein the allegations of paragraphs I through 27, inclusive Defendents have intentionally inflicted emittend and physical pain against plaintiff for the purpose of depriving him his Federally protected gight to be free from creek and cinculated pursubment.

Supplemental attachment

Pg. 18

### Conclusion

:33) Plaintiffs medical condition, as described herein, constitues a serious medical need in that failing to Treat the condition has resulted in further significant pour and suffering and the ongoing failure to treat the condition is likely to cause more significant pain and suffering, Said condition had included, but not necessarily been limited to , lack of sleep, limiting ordinary lite movements, emotional stress and very sever pain. Plaintiff is housed in the security housing unit where he spends 22/2 hours a day in his cell and depends on basic exercise to keep his ... muscles from tuning atrophy. Maintiffs medical condition significantly affect his ability to exercise properly without treatment. Plainteff is informed and bolieves and thereon allegus that all defendents mention herein are properly trained ineducal staff employees and for officers who are responsible for the safety. and well being of all inmates at PBSP. At all times mentioned detendents were acting under the color of state law, in the course and scope of his/her employment, and is swed in his/her official and individual capacities.

date: 12/19/2006

Respectfully Submitted,
Timothy Cook
Lindhap Cook
In Pro Se

	000(0)(47)
— TH. ) RM MUST BE KEPT CONFIDEN	FOR COURT USE ONLY
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, stale par number, and address):  The other contents of the stale par number, and address):	POR COURT USE ONL!
TIMOTHY COOK E 70919 IN PRO SE -EO. BEX 7500 D4-206	
ARPSCANT CTV CA. 45532	
PELICAN BAY STATE PASSON	
- Company	
1 more roa	
E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	
NAME OF COURT: SLIPERIOR LOURT OF CALIFORNIA. COUNTY OF DEL NOLTE	
STREET ADDRESS: 450 H STREET ROOM 209	
MAILING ADDRESS: A COLUMN AND AND AND AND AND AND AND AND AND AN	
MAILING ADDRESS: CRESCENT CITY, CAL. 95531 CITY AND ZIP CODE:	
BRANCH NAME:	
PLAINTIFF/PETITIONER: Cook	
DEFENDANT/ RESPONDENT: HOREL, et al.	
APPLICATION FOR	CASE NUMBER:
WAIVER OF COURT FEES AND COSTS	<u> </u>
I request a court order so that I do not have to pay court fees and costs.	
1. a. \( \sqrt{1}\) am not able to pay any of the court fees and costs.	
b. I am able to pay only the following court fees and costs (specify):	
2. My current street or mailing address is fif applicable, include city or town, apartment no.,	if any, and zîp code):
PA PON 7500. CRESCENT CITY, CAL 95532	
3. a. My occupation, employer, and employer's address are (specify):	
Pair in all	
b. My spouse's occupation, employer, and employer's address are (specify):	
, and a second s	loNA
4.  I am receiving financial assistance under one or more of the following programs: A	umania Programa
a. SSI and SSP: Supplemental Security Income and State Supplemental Parb. CalWORKs: California Work Opportunity and Responsibility to Kids Act, in	111101110110910110
b. CalWORKs: California Work Opportunity and Responsibility to Rus Act, "	ipicinoming iruit, temporary temporary
for Needy Families (formerly AFDC)  c. — Food Stamps: The Food Stamp Program	
d. County Relief, General Relief (G.R.), or General Assistance (G.A.)	
5. If you checked box 4, you must check and complete one of the three boxes below, unl	ess you are a defendant in an unlawful
detainer action. Do not check more than one box.	
a (Optional) My Medi-Cal number is (specify):	
L. Collegeal No social security pumper is (specify):	,
a and my date of birth is (spe	ecity): March 5, 1965
the deed that does not require that you give your social security number	ber. However, if you don't give your
cocial security number you must check hox c and attach documents	s to verny the denemis checked in item 4.]
am attaching documents to verify receipt of the benefits checked in item.	4. If requested by the court
[See Form 982(a)(17)(A): Information Sheet on Waiver of Court Fees	and Costs, available from the clerk's
office, for a list of acceptable documents.]	
[If you checked box 4 above, skip items 6 and 7, and sign at the bottom of this side.]	Charles Mohariot Pourt Enge
6. My total gross monthly household income is less than the amount shown on the land Costs available from the clerk's office.	monnation Sheat on Walter of Count Fees
and Costs available from the clerk's chice.  If you checked box 6 above, skip item 7, complete items 8, 9a, 9d, 9f, and 9g on the ba	ack of this form, and sign at the bottom
of this side,]	
7. My income is not enough to pay for the common necessaries of life for me and the	ne people in my family whom I support and
also pay count fees and costs. Iff you check this box, you must complete the ba	ack of this form.]
WARNING: You must immediately tell the court if you become able to pay court fees	
be ordered to appear in court and answer questions about your ability to pay court if	lees or costs.
I declare under penalty of perjury under the laws of the State of California that the information	n on both sides of this form and all
attachments are true and correct.	
Date: /2/19/2006	TAL
	HIT IS
Jimothy Cock	TOWNSTIPES
(TYPE OR PRINT NAME) (Financial information on reverse)	(SIGNATURE)

Form Adopted for Mandatory Use Judicial Council of California 982(a)(17) [Rev. January 1, 2001] APPLICATION FOR WAIVER OF COURT FEES AND COSTS (In Forma Pauperis)

Government Code, § 68511.3

			<u> </u>	<u> </u>		<u>``</u>		
Γ	• 1	PLAINTIFF/PETTIONER: COOK		•	CA M	BER:	•	
	DEFE	ENDANT/RESPONDENT: HOREL, et al.	VEODE.				<del></del>	
_		FINANCIAL II  My pay changes considerably from month to month. Iff you	NEOKN	AATION	obides and	hoats (list make	vear 1	fair
8.	. L	My pay changes considerably from month to month. In you check this box, each of the amounts reported in item 9	u 10. L	market value	(FMV), and	loan balance of	each):	
		should be your average for the past 12 months.]			operty			n Balance
٠.				(1)		\$	\$	i
9.	M	Y MONTHLY INCOME		(2) :	<del>,                                     </del>	. , <u> </u>		b
•	a.	My gross monthly pay is:	•	(3)		<u></u>	\$	
	b.	My payroll deductions are (specify purpose and amount):				estimated fair m	arket vi	alue
	· ·					of each property		
		(1)\$	•	Pro	operty .	FMV	Loa	n Balance
		(2) \$ 5 5 5 5		·(1)		\$ <u></u>	\$	1 :
		(4)	•	(2)	,	\$	\$	do .
		(4) STOTAL payroll deduction amount is: \$e^		(3)		\$	·\$ <u></u>	
•	~	My monthly take-home pay is	e	. Other person	al property -	— jewelry, furnitu	re, furs	, stocks,
	٠	(a. minus b.):	• . •	bonds, etc. (li	ist separate	ly):		
	d.	Other money I get each month is (specify source and	·	- :				·
	<u>ų</u> .	amount include spousal support, child support, paren-			•		. \$ <u></u>	,e
:		tal support support from outside the home, scholar-	11. N	<i>i</i> ly monthly exp	enses not	already listed in	item 9	b above
		ships, retirement or pensions, social security, disability,	_	re the following	~			•
		unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royally,		. Rent or house			\$	<u>.  </u>
	٠.	trust income, annuities, net business income, net rental		. Food and hou			\$	
٠.		income, reimbursement of job-related expenses, and net					. \$	
		gambling or lottery winnings):	∕ .d	L Clothing		÷	· .\$	<u>:                                    </u>
٠.		(1) \$	. е				\$	<del>- {</del>
1		(1)	f.			ents	·\$	-
	-	(3) \$				cident, etc.)	\$	
٠.	٠.	(4) \$	h				\$	<del></del>
	٠ '	The TOTAL amount of other money is:	. i.			rior marriage)	.\$	
		(If more space is needed, attach page	j.	Transportatio				
		labeled Attachment 9d.)		: (insurance, g	as, repair)			, c
	e.	MY TOTAL MONTHLY INCOME IS	.k		ayments (sp	ecify purpose a	na amo	um;
		(c. plus d.): \$		(1)		. \$		
•	f.	Number of persons living in my home:	•	(2)		·		
		Below list all the persons living in your home, including.		(3)				•
		your spouse, who depend in whole or in part on you for support, or on whom you depend in whole or in part for		The TOTAL a			· • ·	Jun-
٠.	٠	support.					φ	
		Gross Monthly.	i.			o wage assign-	٠.	
		Name Age Relationship Income				nolding orders:	<del>*</del>	<del></del>
		(1)\$	ù	n. Other expens	ses (specify)			
.,		(2)\$		(1)				,
		(3) \$		(2)		- <del>-</del>		
٠	7.4	(4)		(3)		7.7		
		(5)\$	٠.	(4)		·		
. :		The TOTAL amount of other money is: \$		. (5)			٠.	
	•	(If more space is needed, attach page	•	The TOTAL a	amonut of or	ner.monuny	12° (	10
٠.	• • •	labeled Attachment 9f.)	•••••••••••••••••••••••••••••••••••••••	expenses is:		WINTENDER ARE	Φ	
. '	g.	MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS	. n	**		EXPENSES ARE	·	AS
		(a. plus d. plus f.):	40.0	(add a. throug			المصحفة	· -
10	•	wn or have an interest in the following property:	12. C	other tacts that s	support this	application are (c ses for recent fan	ida emi	omén-
		Cash\$		isuai metricai Ne Tes: Or other nei	isual cimum	ses for fecent fan Istances or expe	nses to	helo thể
	b.	Checking, savings, and credit union accounts (list panks):	. <sub>%</sub> 0	ourt understand	vour budae	t; if more space i	s need	ed, .
	•	(1)		ttach page labe				
		(2)\$				• •		
	٠.	(3)\$	•	•				٠.
	·. ·	(4)				· . · ·		<u> </u>
		RNING: You must immediately tell the court if you become	7.7.6.				- V	177-237

## EXHIBIT 66A39

SUTTER COAST HOSPITAL 800 EAST WASHINGTON BLVD CRESCENT CITY, CA 95531

#### RADIOLOGY REPORT

Patient Name: CDC, E40919

MRN:

. 14-66-12

DOB:

03/05/1965

Ordering MD: Dwight Winstea

Study Date: 11/22/2004

MRI CERVICAL SPINE

LEFFITHURB and inditina.

HISTORY: Clavicular pain with right thumb-and-index-finger numbness.

Two new within Bones of Mill

SEOUENCES: Sagittal and axial T1 and T2 weighted sequences were performed.

FINDINGS: The cord is unremarkable without any evidence of abnormal signal or mass formation. There is no downward displacement of the cerebellar tonsils.

At C2-C3 there was no disc protrusion. Facets, lamina and pedicles and neural foramina have a normal appearance. A 0.5 x 0.4 cm focus of T2 prolongation is present along the anterior C3 vertebral body, which probably represents a hemangioma. elivated masses of

At C3-C4 there is narrowed intervertebral disc space. There is a diffuse disc protrusion as well as posterior osteophytosis. These compress the anterior aspect of the spinal cord and cause a spinal stenosis at this aspect of the spinal cord related to the posterior osteophyte and disc protrusion. There is a spinal stenosis of this level with the anteriorposterior level diameter of the canal measuring 9 mm. There is some slight eccentricity to the disc and osteophyte complex to the left, narrowing the entry to the left neural foramen. The rest of the left neural foramen is patent. The right neural foramen is patent. Facets are unremarkable.

departing free At C4-C5 there is an eccentric left osteophyte formation and diffuse osteophyte formation as well. There is a narrowed intervertebral disc space. There is a mild disc protrusion. Mild narrowing of the left side of the spinal canal anteriorly related to the osteophyte disc complex as well as mild narrowing of the left neural foramen. The right neural foramen is patent.

A bone island is present along the posterior aspect of the right C5 vertebral body. This measures 8 x 6 mm.

At C5-C6 there is a narrowed intervertebral disc space. There is a prominent posterior osteophyte disc complex eccentric to the left. This narrows the left lateral recess. This

PAGE 2

### RADIOLOGY REPORT

Patient Name: CDC, E40919

MRN:

14-66-12

DOB:

03/05/1965

Ordering MD: Dwight-Winslow

Study Date: (

11/22/2004

narrows the left neural foramen moderately. The right neural foramen is patent. Facets are unremarkable.

At C6-C7 there is no disc protrusion. Facets, lamina, pedicles and neural foramina have a normal appearance.

At C7-T1 there is no disc protrusion. Facets, lamina, pedicles and neural foramina have a normal appearance.

IMPRESSION: Spondylitic changes with compression of the anterior aspect of the spinal cord at C3-C4 related to a diffuse disc protrusion and osteophyte ridging.

There is moderately severe narrowing of the left lateral recess and compression of the left anterior aspect of the spinal cord and narrowing at the left lateral recess at C5-C6 related to posterior osteophyte disc complex.

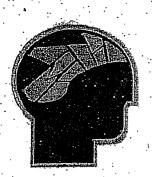
At C4-C5 there is narrowing of the anterior CSF space related to osteophyte disc complex.

Sherrie Chatzkel, M.D.

D: 11/22/04

T: 11/29/04

sc/mb



#### NEUROLOGY CONSULTATION

LARRY J. MAUKONEN, M.D.

NAME:

COOK, TIMOTHY

CDC #:

E40919

DATE:

01/18/2005

DOB:

03/05/1965

CHIEF COMPLAINT:

The patient is seen in consultation on 01/1 8/2005 in the

neurology specialty clinic.

The patient is having problems with increasing neck pain and some dysesthesias into his left hand. The patient states that his neck has slowly gotten worse over the years. He is having problems with pain in is neck. He also has numbness and tingling in the left thumb and index finger. He has had some mild weakness in his biceps and deltoid area on the left. His major complaint though is his increasing pain. He states he was on Neurontin and this seemed to help but was stopped, he is not sure why. The patient is currently getting physical therapy and is into his second week. Initially this did not seem to help but today he felt better after treatment. He is doing neck exercises. He is currently on no medications.

PAST MEDICAL HISTORY: The patient was in a motorcycle accident in 1989 with multiple injuries including his neck. He first began having symptoms in his left upper arm after a cell extraction in 1999.

#### PHYSICAL EXAMINATION:

HEENT: Extraocular motion is full range. No nystagmus is present. There is no facial asymmetry and normal movement of his face is present. Speech is normal.

NECK: On forward flexion he can touch his chin to his chest, extension is to about 30° with neck pain. Right and left lateral flexion causes lower neck pain as does Spurling test. No radicular pain is

HEART: Has a normal sinus rhythm at 68.

LUNGS: Clear. There are no carotid or supraclavicular bruits present.

EXTREMITIES: Motor exam reveals 5/5 strength on individual muscle testing in the upper extremities. Fine movements are normal. He has slight decreased sensation over the radial aspect of the left thumb, index finger and radial aspect of his hand and forearm. Sensation is otherwise normal over his extremities.

NEURO: Gait is normal. Romberg is negative.

REFLEXES: Deep tendon reflexes are +2 at the biceps, brachial radialis and knees, +1 at the triceps and ankles.

.27

NAME: COOK, TIMOTHY

CDC: E40919 DOB: 03/05/1965 Case 3:08-cv-01925-CRB Document 1 Page 33 of 46 Filed 04/11/2008

STUDIES:

MRI report reveals osteophyte projections to the left at C4-5 and

C5-6 with some narrowing of the foramina.

IMPRESSION:

SPONDYLOSIS CERVICAL

HTIW

RADICULOPATHY.

The patient is improving with therapy and would recommend PLAN: continued conservative therapy with physical therapy, exercise and heat. Also, he may benefit from the use of anti-inflammatory agents, muscle relaxants and/or nerve pain agents such as tricyclics or Neurontin. He is to return to the clinic on a p.r.n. basis. If he worsens, he might benefit from having EMGs and nerve conduction studies done to try to further localize this problem.

LARRY J. MAUKONEN, M.D.

d: 01/18/05 Job #1265 t 01/18/05 dlk

cc: D Clinic

NAME: COOK, TIMOTHY CDC:

DOB: 03/05/1965



#### X-RAY REPORT

DEPARTMENT OF CORRECTIONS PELICAN BAY STATE PRISON HEALTH CARE SERVICES



NAME: COOK TIMOTHY NO. E40919 RM: D6-119\_\_\_ DOB: 03/05/65 DATE: 08/22/03

EXAM REQUESTED:

L-S SPINE

REQUESTING M.D.:

L. ROWE, M.D.

CLINICAL DATA:

HISTORY OF PAIN.

RADIOGRAPHIC REPORT:

L-S SPINE

FINDINGS:

Three views are compared to the previous study of 01/26/2000. Deformity with some bony destruction anterior-superior portion of L4 is stable and may be consistent with osteochondritis or old trauma. Minimal degenerative disk space narrowing at L3-4 is stable. Marginal osteophytes at L4 are noted. No new abnormality is identified.

IMPRESSION:

- STABLE CHRONIC OSTEOCHONDRITIS POSSIBLY OLD TRAÚMA RELATED TO ANTERIOR-SUPERIOR PORTION OF L4. NO EVIDENCE FOR PROGRESSION SINCE THE PREVIOUS STUDY THREE YEARS AGO.
- STABLE MILD NARROWING AT THE L3-4 DISK INTERSPACE.

CLINICAL DATA:

HISTORY OF PAIN.

RADIOGRAPHIC REPORT:

infact. Odontoid is intact.

CERVICAL SPINE

FINDINGS:

Three views are compared to the previous study of 12/15/1999. Degenerative disk disease at C5-6 with disk space narrowing, end-plate sclerosis and marginal osteophyte formation is progressive since the previous study. Degenerative changes, possibly secondary to old trauma at C3 are stable. Marginal osteophytes at C4, C5 and C6 are stable. Posterior elements remain

ORIGIN

### NAME: COOK, TIMOTHY NO. E40919 RM: D6-119 DOB: 03/05/65 DATE: 08/22/03

**IMPRESSION** 

- 1. PROGRESSIVE DEGENERATIVE DISK DISEASE AT C5-6.
- 2. MODERATE DEGENERATIVE CHANGES NOTED ANTERIORLY AT C3 THROUGH C6, WHICH OTHERWISE APPEAR STABLE WHEN COMPARED TO THE PREVIOUS EXAM (OTHER THAN THE C5-6 DISK LEVEL).
- 3. FOLLOW-UP RECOMMENDED AS CLINICALLY INDICATED.

CLINICAL DATA:

HISTORY OF PAIN.

RADIOGRAPHIC REPORT:

RIGHT KNEE

FINDINGS:

Two views reveal no evidence for fracture or bony malalignment.

Joint spaces and soft tissues are intact.

IMPRESSION:

- 1. NO SIGNIFICANT ABNORMALITY RADIOGRAPHICALLY.
- 2. FOLLOW-UP RECOMMENDED AS CLINICALLY INDICATED.

21

08/26/03 DATE READ GENE BABBITT, M.D.

DLK

TRANSCRIBER

X-RAY REQUEST REPORT FORM
Institution: OCT PLEASE PRINT OR TYPE
NAME: COTOR NUMBER: E40919 UNIT: 4A  AGE: 34 DOB.3: 5:65 HOUSING: 73 PREVIOUS X-RAYS YES NO
(ANATOMICAL TERMS ONLY)
CLINICAL HISTORY: Old Lague DATE COMPLETED: 1-26-00. NO. OF VIEWS: 2 VIEWS + 7 - WILL
REPORT
HORACIC SPINE, 2 VIEWS: 1/26/00
lignment and curvature are normal. Vertebral body heights and nterspaces are normally maintained. The pedicles are intact. No cute or chronic, traumatic or destructive changes are identified. o congenital anomalies are noted.
MPRESSION: RADIOGRAPHICALLY NORMAL THORACIC SPINE.
UMBOSACRAL SPINE, 7 VIEWS: 1/26/00
here is mild straightening of the lordotic curve. The anterior- uperior end plate of L/4 reveals a long standing focal destructive hange involving the bone, with notch deformity. There is abnormal arrowing of the interspace between L/3 and L/4. Osteophytic lipping nvolving the lateral margins of L/4 is also noted. The remainder f the examination is otherwise unremarkable.
MPRESSION: ABNORMAL NARROWING OF THE L/3-L/4 INTERSPACE, CONSISTENT WITH DISCOGENIC DISEASE.
CHRONIC, PROBABLY ACTIVE OSTEOCHONDRITIS INVOLVING THE ANTERIOR-SUPERIOR MARGIN OF L/4 AS DESCRIBED ABOVE. NO ACUTE TRAUMA NOTED.
ERNARD KORDAN, M.D. : 1/31/00 rg
DATE DICTATED:  DATE TRANSCRIBED:  TRANSCRIBER:  RADIOLOGIST  M.D.
X-RAY EXAM: L Spin, T Spin X-RAY TECH INITIAL: JE

Exhibit	AH
í	

X-RAY REQUEST REPORT FORM	· .
Institution: CCI PLEASE PRINT OR TYPE	+-
NAME:	
X-RAY EXAM REQUESTED: Johns Johns ORDERING(M.D. 1) Com  (ANATOMICAL TERMS ONLY)  CLINICAL HISTORY: Cl. J. G. O. O.  ODATE COMPLETED: J. J. G. O. O.  NO. OF VIEWS: 2 U. J.	Z
REPORT	ME -
ICM CICL	
PHORACIC SPINE, 2 VIEWS: 1/26/00	
Alignment and curvature are normal. Vertebral body heights and interspaces are normally maintained. The pedicles are intact. No acute or chronic, traumatic or destructive changes are identified. No congenital anomalies are noted.	para
IMPRESSION: RADIOGRAPHICALLY NORMAL THORACIC SPINE.	
	13
JUMBOSACRAL SPINE, 7 VIEWS: 1/26/00	
There is mild straightening of the lordotic curve. The anterior—superior end plate of L/4 reveals a long standing focal destructive change involving the bone, with notch deformity. There is abnormal charge of the interspace between L/3 and L/4. Osteophytic lipping involving the lateral margins of L/4 is also noted. The remainder of the examination is otherwise unremarkable.	
IMPRESSION: ABNORMAL NARROWING OF THE (L/3-L/4 INTERSPACE, CONSISTENT WITH DISCOGENIC DISEASE.	
CHRONIC, PROBABLY ACTIVE OSTEOCHONDRITIS INVOLVING THE ANTERIOR-SUPERIOR MARGIN OF L/4 AS DESCRIBED ABOVE. NO	
ACUTE TRAUMA NOTED.	HUMBE
BERNARD KORDAN, M.D. t: 1/31/00 rg	SER C
R.	
DATE DICTATED:  DATE TRANSCRIBED:  TRANSCRIBER:  RADIOLOGIST M.D.	1
X-RAY EXAM: L Spen / Spen Zq X-RAY TECH DVITIAL: J.E	

Exhibit Will

SOUTH BAY RADIOLOGY MEDICAL ASSOCIATES, 480 FOURTH AVENUE, SUITE #102 CHULA VISTA, CALIFORNIA 91910 (619) 585-2960

91910

K.W. ALBERTSON, M.D.

L.A. PERKINS, M.D.

A.D. SANDY, M.D.

V.M. TARTAR, M.D.

J.D. LIMPERT, M.D.

H.R. GRIFFITH, M.D.

K.J. VAN LOM, M.D. R.H. LANE, M.D.

All Diplomates, American Board of Radiology

EXAM DATE: 10/14/92

OUTSIDE CONSULTATION

R.J. DONOVAN FACILITY

PT NAME: COOK, TIM

DOB: 03/05/65 AGE: 27

N36

XRAY NUMBER: 990040919

CA.

EXAM: 72100 LUMBOSACRAL SPINE, AP AND LAT

CDC: E 40919

AP and lateral views were done of the lumbosacral spine. There is slight Scheuermann's deformity of the anterior superior lip of L4. No fracture is seen. No other abnormality is detected.

IMPRESSION: Bony defect of the anterior superior aspect of L4 probably related to previous Scheuermann's disease. No other abnormalities are seen.

Thank you for this referral.

KWA: ID

KENNETH W. ALBERTSON, M.D.

X-RAY REQUEST REP	
Institution:	TYPE
NAME: Ook TIMOTHY AGE: 34 DOB: 3-5-65 HOUSING: 78204	NUMBER: E40919 UNIT: 4A PREVIOUS X-RAYS YES NO
X-RAY EXAM REQUESTED:	ORDERING M.D. DR PISITAL  RN/MTA: A BELL 11477  DATE ORDERED: 17 - 8 - 9 9  DATE COMPLETED: 12 - 15 - 9 9
CLINICAL HISTORY:	NO. OF VIEWS:
REPORT CERVICAL SPINE, 5 VIEWS: 12/15/99	
Alignment and curvature are normal normally maintained. Neural foram slight narrowing of the interverte 3 and C-4 and between C-5 and C-6. the anterior inferior end plates o the former showing evidence of oss longitudinal ligament in the anter odontoid process is intact. No ce	bral disc space between C-  Osteophytic lipping involving  f C-3 and C-5 is also present,  ification of the anterior  ior aspect of C-3. The
IMPRESSION: MILD SPONDYLOSIS MID ABOVE. NO ACUTE TRAUMATIC OR DEST	CERVICAL SPINE, AS DESCRIBED
BERNARD KORDAN, M.D. t: 12/16/99	
	12
Dump Dignimpp	
DATE DICTATED: DATE TRANSCRIBED: TRANSCRIBER:	RADIOLOGISTM.D.
X-RAY EXAM: (-Spinl	X-RAY TECH INITIAL
Yellow=X-Ray File	Manila Card=Department File

## EXHIBIT "B"

Hubit C

#### PELICAN BAY STATE PRISON HEALTH CARE SERVICES UNIT

CHRONO
NAME: (DOK, / IMOTHY CDC#: [409/9 HOUSE: D6-104 DATE: 1/6/03
The above-named inmate has a medical condition which requires the below-listed medically-indicated chrono(s).
COTTON BLANKETS LOW BUNK
EXTRA MATTRESS LOW BUNK/LOW TIER
EGG CRATE MATTRESS INSOLES/ARCH SUPPORTS Size:
EXTRA PILLOWS/WEDGE WAIST CHAINS AND DOUBLE CUFFS
SHORT BEARD
TINTED GLASSES-FADE GRAY (Please Circle One: #1 #2 #3) (By Optometrist Recommendation Only
ORTHOTICS: Type:
MEDICAL EQUIPMENT: Please check appropriate medical equipment below:
☐ Cane ☐ Walker ☐ Wheelchair ☐ Crutches ☐ C-PAP/BIPAP ☐ Oxygen ☐ Ice Pack ☐ Ace Wraps
Shower Chair
When appropriate, please name body part affected and size, e.g., right arm):
Due to a refusal of (please circle one) MEDICAL APPOINTMENT/EXAMINATION/TEST/FOLLOW-UF appointment/(please circle one) FIRST/SECOND/THIRD chronic care appointment, the patient is advised that refusal may result in worsening of condition, permanent disability, grave disability, and/or death. You are advised to keep your future
medical appointments. If you miss three Chronic Care appointments, you will be removed from the Chronic Care Program, and you must make an appointment with your Primary Care Provider.  EFFECTIVE DATE: 1/6/03 EXPIRATION DATE: 1/6/04
EFFECTIVE DATE AND EXPIRATION DATE MUST BE PROVIDED FOR CHRONO TO TAKE EFFECT
DM Hichanova MD Smylish
Please Print Name Signature/Title
DISTRIBUTION: WHITE-Health Record <u>GREEN-Housing Unit: YELLOW-CCII PINK-C-File GOLDENROD</u> -Inmate  "When appiopriale, a copy shall be forwarded to Specially Clinic.
HEALTH RECORDS STAFF SHALL LIST OTHER APPROPRIATE COPIES BELOW AND SHALL DISTRIBUTE ACCORDINGLY: (e.g., Clothing: SHU/GP/L-I):
1/1 2 Car Tax = 129910

chr.

## EXHIBIT "C"

. 21,

1000 HOAN

MAR 0 6 2008

P9 41

treating a patient / immiste may remedy any medical situation, without statung extreme measures for approving such medical needs. On 11-14-2005, Appellant was seen by Mirse Practitioner, (N.P.). Risentwomer, for a follow-up schedeled visit pertouning to Appellants, physial Micropay; HMC; Medication and double. matteress chrono, neck & back pain.

During the visit, numerous issues and requests incre asked by Appellant, concerning the above-mentenned symptoms and allowerts some of them essues wiere the point medication, and renewal of Appellants double-matteress chrono, to cliviate some of the point Spellant has experienced for one a decade.

(N.P.) Resembornier assured Appellant that he would be prescribed a pain medication (Ibiproten) and an anti-inflamatory to help with Appellants series pain Appellant asked to series her double matteress medical choose, (N.P.), Risenthours Lexied seich request and said quote "You don't fet the creteria anymore and that Im not sevening your chrono," unquote; your chrono is involid.

Subsequently, Appellant contested the denial and assured.

Subsequently, Appellant conteated the denial and assured (N.P.) Risenhorie, that he has significant reasons that waven't such medical needs and that he had data to prove of his pre-existing injurior and years of complications. [see: Ex: A-medical data],

As of this date Appellant has not received any medication and/or choose to clinicate his pain and descomplant. Appellant is in constant pain and has sont reconcious medical slips and requests, with no response, to receive medical attention.

Appellant in without remedy same by Inmate Parolee Appeal Form CDC 602 - Appellant in protected by the 6th and 14th Amendments) from cruel and unusual principlement and the due-process clause.

The deleterate indefference by (N.P.), Resembours and deceases maker (CMO) creater a leberty interest; see Marsh v. Butter Counter, ALa, 225 F3d 1243 (11th Cir 2000); Weaver v. Clarke 45 F3d. 1253 (9th Cir 1995). Finding of deliberate indifference by prisin official(s) to serious medical needs of an inmate, in violation of Eighth and Fourteeigh. Amenament's,

### 602/suppleme Il pg. "HI

matteress and double notheress chromes because of their chronic pain and medical condition.

Ja 3-6-06, appellant was seen by FNA Risenhouser for a Chronic care riset. Appellant asked FNA Risenhouser why the devial Por a dauble natteress chrono & she said she was told it was a supervisore decision dice to budget constraints and even though she disagrees we that decision she had to fallow protocal or she will loose her job, Tarand was expecting a pay increase, so she deliberabley denied appellant a medical recessity she had previously granted the year prior.

Its reasonable to believe that after appellant mentroned that there was a copy of his 600/appeal granting
a double-matteres, in his medical file, the supervisory
revenues: M. Mchean FNP, Health lare Manager; A. Thacker,
CHSAH (reviewer) and M. C. Sayve, M.D. Cheef Medical Offices(A)
conspired to destroy the decementary criedence (6004 appear)
in order to suppress the encioned that would ultimately
volidate appellants claims.

Appellant must now rely on the double mothers chrones dated 9/8/03 to 9/8/04 and 8/19/04 to 8/19/05 as some evidence to Substantiate appellants claim.

Appellant asks their Chief Appeals to consider the cost comparison for issuing a matteriss and prescribing

	·				
SLOND	LEV	EL APP	EAL RES	SPONSE	٠.

RE:	PELICAN BAY STATE PRISON	•		
	Appeal Log _D-06-00091		<u> </u>	_
٠	Inmate: Cook, #E-40919			

This matter was reviewed by MAUREEN MCLEAN, FNP, Health Care Manager at Pelican Bay State Prison (PBSP). M.C. Sayre, M.D., Chief Medical Officer (A), conducted the Appeal at the Second Level of Review on March 29, 2006.

You state that pursuant to the provision outlined in Article 8 of Title 15, APPEAL ISSUE: CCR, Section 3350 (a) (b) (1) (4) (5), the medical department must adhere to their medical standards to treat an inmate's medical needs. You state that it is also the Chief Medical Officer's (CMO's) responsibility to assess any medical request by an inmate and/or Physician to approve significant medical needs brought by an inmate under their care. Moreover, you state that pursuant to Title 15 CCR Section 3354, an authorized medical staff treating a patient/inmate may remedy any medical situation, within the scope of their licensure, without taking extreme measures for approving such medical needs. You state that on 11/14/05, you were seen by Family Nurse Practitioner (FNP) Risenhoover for a scheduled follow-up visit pertaining to your physical therapy, HVC, Medication, and double mattress chrono due to back and neck pain. You state that during the visit, numerous issues and requests were asked by you concerning the above-mentioned symptoms and ailments, including pain medication and renewal of your double mattress chrono, to eliminate some of the pain you have experienced for over a decade. You claim that FNP Risenhoover assured you that you would be prescribed a pain medication (Ibuprofen) and an anti-inflammatory to help with your severe pain, but when you asked to renew your double mattress medical chrono, she denied such request and said, "you don't fit the criteria anymore and I am not renewing your chrono" indicating that your chrono was invalid. Subsequently, you state that you contested the denial and assured FNP Risenhoover that you have significant reasons that warrant such medical needs and that you have data to prove your pre-existing injuries and years of complications. You state that as of 11/27/05 you have not received any medication and/or chrono to eliminate your pain and discomfort and you are in constant pain and have sent numerous medical slips and requests to receive medical attention, but with no response. You claim that you are without remedy save by the Immate/Parolee Appeal Form CDC 602 and you are protected by the 8th and 14th Amendments from cruel and unusual punishment and due-process clause. You state that the deliberate indifference by FNP Risentroover and decision-maker CMO creates a liberty-interest relative to the finding of deliberate indifference by prison officials to serious medical needs of an inmate and this necessarily precludes finding of qualified immunity. You are seeking monetary damages, medication, and medical double mattress chrone, as well as permanent injunction preventing the U.S.C. 8th and 14th amendment violations, which are created by the state prisons' medical staff. You want to be awarded monetary compensation and medication and a medical chrono for a double mattress, as well as permanent injunction/guidelines preventing medical staff's deliberate indifference to immate's medical needs. Your appeal was answered at the informal level on 12/22/05 by T. Longrie, RN, who stated that you have been scheduled an appointment to discuss your above request with the clinic medical provider. You were not satisfied with this response and moved your appeal to the formal level on 12/28/05 stating that your prior appeal pertaining to your double mattress chrono was granted and a copy is in your medical file. You contend that a granted appeal cannot be reversed. You want to have your medical chrono for a double mattress renewed. You want to be notified as to the date of the scheduled appointment and you still need medications. A review of your appeal was completed. Your appeal with the attachments and your requested action received careful consideration. C. Worch, Immate Medical Appeals Tracking Program Analyst, was assigned to investigate your allegations by the

44

First Level Reviewer. S. terviewed you on 1/31/06 and noted the changed due to your allergy to Motrin. You are now receiving Tylenol 325 mg. No extra mattress is medically indicated, therefore a chrono for an extra blanket was written. You are to return to the clinic as scheduled. A thorough review of the request presented in this complaint was completed. Based on that review, the action requested to resolve this appeal was partially granted. You were not satisfied with this response and moved your appeal to the second level of review on 3/5/06 stating that a previous 602-appeal was granted pertaining to your double mattress chrono. You want your double mattress chrono to be re-issued and you want to be given another mattress. You claim that your condition hasn't changed and you are still in extreme pain. You feel it would be medically just to re-issue an already decided appeal that was granted. You further state that the extra blanket doesn't help.

FINDINGS: A review of your appeal has been completed. Your appeal with the attachments and your requested action has received careful consideration. I, M. McLean, FNP, Health Care Manager, was assigned to investigate your allegations. A. Thacker, CHSA II, reviewed your medical file and responses on March 29, 2006 and it was also reviewed by M.C. Sayre, M.D., Chief Medical Officer (A). There is no record in your medical file of any appeal that was granted for you to have an extra mattress. You have been receiving an extra mattress along with an extra pillow from 9/8/03 to 9/8/04 and from 8/19/04 to 8/19/05. FNP Risenhoover was the primary care provider who wrote the most recent chrono and was also the provider who indicated that you no longer met the criteria for an extra mattress. You were seen by FNP Risenhoover on 3/6/06 during a Chronic Care Visit and you wanted to discuss your double mattress chrono. You claimed that Dr. Hechenova granted both the appeal and the chrono because you had allergies and couldn't take medication for your pain. FNP Risenhoover explained that a double mattress is not indicated at this time and you stated that you would pursue this through the 602-appeal process. You asked that your medication allergy be removed from your file because you are only allergic if you take too much. You indicated you are using medication from other inmates and you are doing fine. You are being provided with the appropriate treatment for your condition and your progress will continue to be monitored through regularly scheduled visits.

**DECISION:** The Appeal is Partially Granted.

The appellant is advised that this issue may be submitted for a Director's Level of Review if desired.

3/29/0 Date

Chief Medical Officer (A)

M. McLean, FNP

Health Care Manager

STATE OF CALIFORNIA
DEPARTMENT OF CORRECTIONS AND REHABILITATION
INMATE APPEALS BRANCH
P. O. BOX 942883
SACRAMENTO, CA 94283-0001

#### DIRECTOR'S LEVEL APPEAL DECISION

-Date: JUN 2 0 2006

In re: Cook, E-40919
Pelican Bay State Prison
P.O. Box 7000
Crescent City, CA 95531-7000

IAB Case No.: 0511954

Local Log No.: PBSP 06-00091

This matter was reviewed on behalf of the Director of the California Department of Corrections and Rehabilitation (CDCR) by Appeals Examiner R. Floto. All submitted documentation and supporting arguments of the parties have been considered.

I APPELLANT'S ARGUMENT: It is the appellant's position that that he suffers from severe pain due to a back and neck condition. He claims that STET is needed for his condition, which causes him pain and discomfort and could potentially develop into a more serious medical condition. He requests medication, a double mattress chrono for his condition, compensatory damages and that staff be provided guidelines to treat immate's medical needs.

II SECOND LEVEL'S ARGUMENT: The reviewer found that treatment of the appellant's condition is being appropriately provided. The appellant is a participant in the Chronic Care Program. He has been examined and treated for his condition. The appellant has been prescribed Tylenol for pain management and was provided an extra blanket chrono. A double mattress chrono is not indicated for his condition.

III DIRECTOR'S LEVEL DECISION: Appeal is denied.

A. FINDINGS: In this particular matter, the medical records and professional staff familiar with the appellant's medical history refute the appellant's contention that he has not received adequate medical care. Medical staff conducted a review of the appellant's medical file. The subjective symptoms are out of proportion with the objective findings. He was instructed to utilize the established institutional sick call process if he suffers discomfort. Current CDCR policy is to use evidence-based medical judgment for all decisions. All therapies, treatments and interventions will be judged acceptable by those criteria. This is the current standard and emerging clinical guideline in progressive medicine. The Primary Care Providers (PCP) is entrusted with the responsibility to ensure that all clinical recommendations adhere to this standard. Medicine is constantly evolving and the PCP selects the most appropriate treatment for the inmates under their care. The institution shall only provide medical services for immates, which are based on medical necessity and supported by outcome data as effective medical care. The appellant is advised that each practitioner determines, at the time of treatment, the extent of treatment for the health care problem. The appellant has not presented a compelling argument to warrant modification of the decision reached by the institution. Compensatory damages are not warranted.

B. BASIS FOR THE DECISION: California Code of Regulations, Title 15, Section: 3350, 3354

C. ORDER: No changes or modifications are required by the institution.

COOK, E-40919 CASE NO. 0511954 PAGE 2

This decision exhausts the administrative remedy available to the appellant within CDCR.

N. GRANNIS, Chief inmate Appeals Branch

cc: Warden, PBSP
Health Care Manager, PBSP
Appeals Coordinator, PBSP
Medical Appeals Analyst, PBSP

## EXHIBIT "D"

### ELICAN BAY STATE PRISON HEALTH RECORD SERVICES

### INMATE'S REQUEST FOR OLSEN REVIEW AND/OR COPIES OF HEALTH RECORDS

NAME COCK CDC# E40919 HOUSING D2-220
PLEASE NOTE: PSYCHIATRIC INFORMATION CANNOT BE REVIEWED BY THE INMATE UNLESS THE CHIEF PSYCHIATRIST OR DESIGNEE APPROVES THE REQUEST.
I AM REQUESTING: (PLEASE SPECIFY MEDICAL AND/OR PSYCHIATRIC AND IF MORE THAN JUST CURRENT VOLUME IS WANTED)
I WOULD LIKE AN OLSEN REVIEW OF MY UNIT HEALTH RECORD:  (PLEASE SPECIFY PURPOSE FOR OLSEN REVIEW (e.g., copy to physician, provide information to attorney)  MEDICAL PSYCHIATRIC  CURRENT VOLUME ONLY XALL VOLUMES (Please note that you will only be allowed to review two (2) volumes at a time)
I WOULD LIKE COPIES OF MY UNIT HEALTH RECORD:  (PLEASE SPECIFY COPIES NEEDED BELOW)
MEDICAL COPIES REQUESTED: 602-quanted from 2004 - Re: Double matter from Dr. Hechanova.
PSYCHIATRIC COPIES REQUESTED:
I GIVE APPROVAL FOR THE INMATE TO REVIEW THE PSYCHIATRIC IN DRMATION IN HIS
UNIT HEALTH RECORD.
Signature of Chief Psychiatrist or Designee Date
TI PITALIŽIAS JEDUMNO DISTOPINI PITALITURI P
On this date,, I reviewed my health-records in the presence of Pelican Bay State  Prison Health Care Staff (Health Records Technician/Psychiatric Technician/Medical Technical Assistant). I am requesting the tagged pages be copied. A Trust Withdrawal Slip is attached to cover the cost of the
requested copies, which is ten (10) cents per page.
INMATE SIGNATURE DATE
HEALTH RECORDS STAFF SIGNATURE 49 DATE
3/06:kbg

I have received and reviewed my requested copies from my health record that I requested. I understand that this transaction is final once I have reviewed and signed for my requested copies.

Inmate signature/

Date /

## EXHIBIT "E"

<u>Cal</u> ifornià		NMATE R	EQUEST	FOR IN	TERVIE	, W DEPART	lient of corrections
32)	10			ROM (LLST NAM			CDC NUMBER
3/06	Medical	Appeals Of	fice.		COOK	TOB NUMBER	127077
74	BED NUMBER	WORK SCRIGHMENT	-			FKOM	10
D/	HOOL, THERAPY, ET	C.)			•	ASSIGNMENT HOO	TES .
Grantin for	·• .				, t. et	FROM	
	CI	early state you	r reason for	requesting	this intervi	iew.	enondence
ou will be	called in for	interview in the	near future if	the matter	Cannot be na	indicat by corre	зромионое.
166 504	I me a	copy of	mer /a	great	granten	g me a	double
11	16	bef for	Harling			stopent /	106 /03
Hess:	aissired	per to	o D	. 1	· · · · · · · · · · · ·	المار والم	- 050500
ached	is a ti	withdra	sof top	<u>, 10 ft s</u>	to pay	Jan 7h	copy
CSVA	1. Ifm	Sanoth	y- 60%				
78 CT			enella ella cons	pitor a sing do me de		*	DATE 26/06
<u></u>	Word						16.106.106
e han		ODes Des O	o Ala e	sintr.	doub	lo nett	Test by
1 .						think	To the
_dac	ran at	400 CC	~ Coqu	10 7 TO	on la	edjel.	De Gid?
1010	03.112.64	3/			) 		
		RUST AC	COUNTW	IITHDRA	WAL O	RDER	
			·. ·· ~	•	•.		
		, . · · · · · · · · · · · · · · · · · ·			Da	ale	25 20 06
Warden		Аррг	oved	· · · · · · · · · · · · · · · · · · ·			
reby reques	I that my Trust Ac	count be charged	5 201	<u></u>	for the purpos	e stated below and	l authorize
	of that sum from n					1	1
		£40	919		J	moshe) (	ooh
•	NUMBE	R.			NAME ( signal	ure please 60 NOT	PRINT)
» h elow the	PURPOSE for wh	ich the withdrawal i	s requested	PRINT PL	AINLY BELOW	name and addres	s of person
		or Hobby purchase)		. to whom o	check is to be m	nailed.	
POSE	Photo	and by	302	NAME			
, J	nous Ma	dical Ropert	1 11/1/2		:		
,,,,\;;	· DIN C TINCE	17 June	V.f/	.; ADDRESS.	***************************************	•	***************************************
**************************************				Z	** *	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	*			······································	<i>}</i>	- A	
	*****		· · · · · · · · · · · · · · · · · · ·		Jun 0	Loroll	

# EXHIBIT "F"



#### STATE OF CALIFORNIA

VICTIM COMPENSATION AND GOVERNMENT CLAIMS BOARD

GOVERNMENT CLAIMS DIVISION

SACRAMENTO, CALIFORNIA 95812-3035

Tall Free Number: 1-800-955-0045 Fax Number: (916) 323-5768

Internet: www.vcgcb.ca.gov

Timothy J Cook E40919 P.O. Box 7500 Crescent City, CA 95532

October 2, 2006

RE: Claim G561468 for Timothy J Cook, E40919

Dear Timothy Cook,

The Victim Compensation and Government Claims Board rejected your claim at its hearing on September 27, 2006.

If you have questions about this matter, please mention letter reference 118 and claim number G561468 when you call or write your claim technician or analyst at (800) 955-0045.

Sincerely,

Linda Paluda, Program Manager Government Claims Division Victim Compensation and Government Claims Board

cc: B-23 Corrections and Rehabilitation, Attn: Donna Corbin

Warning

"Subject to certain exceptions, you have only six months from the date this notice was personally delivered or deposited in the mail to file a court action on this claim." See Government Code Section 945.6. You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately. PLEASE CONSULT GOVERNMENT CODE SECTION 955.4 FOR PROPER SERVICE OF SUMMONS AND COMPLAINT.

Ltr 118 Board Claim Rejection

ROSARIO MARIN Secretary State and Consumer Services Agency And Chairperson

STEVE WESTLY
State Controller
State Controller's Office
And Board Member

MICHAEL A. RAMOS San Bernardino County District Attorney Board Member

> KAREN McGAGIN Executive Officer

2.77			s	tate of California
(-11)				
				or Office Use Only Staim No.: 656,468
	是是这种"一种"的一种,我们就是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	1. Santana da	· C	sammino
in ac	our claim complete?	•		
	New Include a check or money order for \$25 payable to the	e State	of California.	
17	Complete all sections relating to this claim and sign the form.	lease j	orint or type all	information.
1	Affach receipts hills estimates or other documents that back	ip your	claim.	
1	Include two copies of this form and all the attached documents	with th	e original.	
Clair	mant Information			· · · · · · · · · · · · · · · · · · ·
0	Cook Timothy J	9	Tel:	
	Lasi name Firsl Name M	0	Email:	
0	1 - 0 - Ton Di Tol	cent	Cate	Ca. 95532
	R.O. Box 7500 D4-ZOG Ces Malling Address City		- J	Slate Zip
0	Best time and way to reach you:			
- <del></del>	Is the claimant under 18? Yes. No If YES, g	ve date	of birth:	
0	is the claimant under 18.		MA	DD\ YYYY
	Terrocontative information"	• .		
	rney or Representative Information		1 Tel:	
2	lastrame First Name M		Email:	
<del></del>	Lasl name First Name W		Linan	
<b>D</b>	Mailing Address Cily	<del></del>	· · · · · · · · · · · · · · · · · · ·	State Zip
	Mainly Address .			Side Zip
2	Relationship to claimant:	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
Clair	n Information			The Control
<b>®</b>	Is your claim for a stale-dated warrant (uncashed check) or un	redeem		Yes V No.
1	State agency that issued the warrant:	•	I NO	D, continue to Step 🤒 🗀
		of issue		DD' YYYY
	Proceed to Step .		MM.	DD YYYY
₿.	Dale of Incident: November 14, 2005 to preser	t .		
	Was the incident more than six months ago?			Yes No
	If YES, did you attach a separate sheet with an explanation fo	the lat	e filing?	Yes No
0	State agencies or employees against whom this claim is filed:			* * * * * * * * * * * * * * * * * * *
	Felican Bay State Palen; Richard Kinkland (warden) et CMOI(A); Maurem Milean, Heith Care Manager, HRM	L' ; M	v Nurse Prostet	ioner (FNC). Sur Risenhoov
	A.THACKER CHSA (review & ); (.D. Worsh, Medical Appe	ds Offi	concernencial a	and DOES 1 Horough 15
<b>(</b>	Dollar amount of claim: \$3/,550 +			000 11-23
	11 410 41110		civil case (\$25)	
	Of birin courts	ion-limi	ted civil case (c	over \$25,000) .
	Explain how you calculated the amount: . ii. Fox compensatory damages of \$50 a day to cove.	C. C. Forer	nants pair un	d suffering From
	The state of the state of the state of			
1	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ctend	ents jointly	and severly who are a
	found quilty to have intentionally asperved community	, (1(3),1	ight to serie	ous medical needs; ac
	di al anno de la contine s	10 0 V V	, <del>, , ,</del>	

• •		
<b>(1)</b>	Location of the incident:	
	Pelican Bay State Prison - Medical Clinic	···
<b>(D)</b>	Describe the specific damage or injury:	
<u> </u>	The specific dumage or injury is:	
. '	[Sex; supplemental pg 17; at #17; herein.	
<b>1</b>	Explain the circumstances that led to the damage or injury:	at.
	The circum stances that led to the damage or injury are	· .
,	[set: supplemental pg +17; at = 18, herein.	
	11 Leithe democra or initial	
<b>(</b>	Explain why you believe the state is responsible for the damage or injury:	
	The state is responsible for the damage or injury because	•
	Free supplemental pg = 2-9]; at #19, herein.	
		Yes 7 No
	Does the claim involve a state vehicle?	
	If YES, provide the vehicle license number, if known:	
Auto	Insurance Information	
2		
	Name of Insurance Carrier	
		State Zip
٠,	Mailing Address City	State Zip
•	Policy Number: , Tel:	Yes No
	Are you the registered owner of the vehicle?	1 1 1 1 2 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1
•	If NO, state name of owner.	. Dites : No
	Has a claim been filed with your insurance carrier, or will it be filed?  Have you received any payment for this damage or injury?	
•	Have you received any payment to this damage of this	
	Amount of deductible, if any:	
	Claimant's Drivers License Number: Vehicle License N	lumber: /
	Make of Vehicle: Model:	Year:
	Vehicle ID Number:	
Noti	- I Ciampfuro	
P23	The state of California in the laws of the State of California in	at all the information I have
	the transfer of the control of the book of the programmed and period by the	
1 : "	l :	avide charged with a letter
	punishable by up to four years in state prison and/or a fine of up to \$10,000	(Perial Code Section 72).
	Limithey Coak	6-21-06
	Signature of Claimant or Representative	Dale
00	Little and two copies of this form and all attachments with the \$2	5 tiling fee or the "Filing Fee
-	Lucius Decued" to: Government Claims Program P () Box 3030, Sacram	300. CA, 900 (2-3033), FULIUS Cali
	also be delivered to the Victim Compensation and Government Claims Boa	iu, bou it bueet, backamento:
For	State Agency Use Only	
2		
بسيسا		Fund or Budget Act Appropriation No.
	Namu of State Agency	LAIM OF DAGRET WOT UPDICAPURATION 149.
. :	Name of State Agency	Fully of Budget Act Appropriation 149.
		Tille
	Name of Agency Budget Officer or Representative	

### Claim Information 17 supp. pg 1

17) Describe the specific duringe or injury =

#### I

i) United States Constitution 8th 14th amendment violations: California Constitution Aprile 1 sections 15, 17 violations; 15 California Code of Regulations, saction \$3350 et seq. - Violations, - due process and Cruel and Unusual princhment. Deliberate Indifference to Clarmants Servous Medical Needs.

## Clarin Information 18 supplemental pg-1

- 18) Explain the circumstances that led to the damage or injury:

  HISTORY of Pain
- 2). Claimant suffers from cervical and lumbosacral pain which is caused by years of degenerative disc deterioration disease. The results from this disease has caused significant pain. Claimant has a diffuse disc; prolongation of the T2 and an hemangion a along the anterior C3 vertabral body; posterior osteophytesis causing spinal stemosis compressing the spinal cord nerves.
- Amongst the aforementioned complications, claiment also suffers from bony fragments. That float in the verneal area which limit ordinary life movements and cause extreme pain.

  4) Claimants lumbosacral spine suffers from a long standing focal destructive change involving the bone with notch deformity giving claimant a sewere chronic pain and aiso limits ordinary life movements. [see, Medical Data; Exhibit A"] herein
- 5). Pelican Bay Medical Doctors and Medical staff were treating claimant with conservative remedies such as a double-mattress, extra pillow, physical theropy and some medication; but, in November of 2005 they discontinued their medical care for reasons continued to claimant, furthering his pain and suffering which led to the circum stances at hand.

### Claim Information 19 supp. pg 2

419) Explain why you believe the state is responsible for the damages on injury:

#### 777

- 6). The United States and California Constitutions have laws that protect people, including presoners from neglect treatment by doctors and other medical state; such neglect is called mal practice.
- T) On Jan, 6th 2003 Dr. Hechanova, ordered Pelican Bay State Prisons Health Care Services to issue claimant a double mattress and Medical chrono due to claimants chronic medical condition, for one year. [see; Ex: A] herein:

  B) for Medical Institutional proceedure; claimant is to applical renew his double mattress chrono every year. So, on Aug; 29th 2004; claimant requested an applicate/renewal of his double-mattress chrono from his Family Nurse Practitioner. FNP, Sue Risenhower, in which she complied, [see Ex: B], herein.
- 9). One year later, on Nov. 14 2005, claimant again requested that his FNP, Size Risenhoover update fremew his double mattress chrono, which he had for 2 yrs.; only to be told, No. Request demied.

  10). Claimant contested the demal of the double mattress chrono updates. Renewal, assuring FNP, Size Risenhoover he had significant reasons why she should grant claimants request and that she is fully aware of claimants medical condition because she has been treeting claimant for years and even approved the update frenewal the year prior.

### Cluein Information 19. suga pg 3

ii) FNP, Sue his enhouser went on to say that even though she was fully aware that clumant has had a double mattress & Medical chromo since 1-6-03. She feit claimant didn't fit the artheria anymore, and, her decision was partly based on a supervisory call due to budget restraints and she was expected to follow protocal otherise her job would be at stake and was also expecting a pay increase and she wasn't taking the chance at any cost.

12) Based upon FNP. Sue Risenhousers erudite Knowledge in her professional Medical field, her decision not to continue claimants medical treatment because of a personal and supervisory decision goes against all medical standards and ethical boundries.

13) FNP, Sine Risenhouser personally and deliberately became indifferent to claimants verious medical needs. Claimant said he would appeal.

## Administration Appeal /602

14) November 27, 2005, claimant appealed the adverse mudical decision by FNP, Sur Kisenhover not to continue claimants medical need. [see Innate Appeal/boz form Leg # PBSP-DOG DOOI in Exhibit C]; herein.
15) January 23, 2006; claimant was a ssigned a staff reviewer to investigate claimants appeal after getting shot down at the informal and formal levels. [see Exhibit D], herein. The staff reviewer CD worsh partially granted claimants appeal, but, erroneously failed to see the nexus of the appeal; resulting in an incompetant disposition [see (see. E in claimants Appeal) Ex. C], herein.

16) March 2312, 2006, Claimant's appeal was then sent to the second level due to claimants dissatisfied disposition. [see: Ex: D] herein.

#### Claim Information 19 supp pg 4

17) Second level staff reviewers, Maureen McLean, HCM and M.C. Sayne M.D.; Chief Medical Officer (CMO) (A) reviewed claimants appeal and also incompetently derived his appeal with no significant basis or epinion, but, merely rubberstamped the derial.

18). Claimant mentioned several times throughout his appeal that he had already won an appeal in which De the chances granted claimant a double mattress based on his medical professional assessment. Claimant also directed the staff hearing claimants appeal that they could probably find a copy of the informentioned appeal, granted by De thechance, in claimants medical file and/or Medical Appeals Office.

19). On several occessions claimant had requested to be given copies of his double mattress chrono and granted 602 to use as a perponderance of evidence substantiating claimants claim that he did win an appeal to have a double mattress and to use as an Exhibit at the third level (Directors Leval) appeal designation. Such requests were devied. 20) Faced with this dilemma, claimant filed for an Olsen Review (Medical) to review his file personally per court and institutional mandates. During this review claimant came across a key piece of evidence that confirms claimants allegations all along. [See (Ex: E) (ie: Memorandum dated May 4.2006)], the memorandum a scribes that the Medical Appeals office did find an appeal, re: dol mattress granted from Dr. Hechanova.

21). With this newly found evidence Claumand then tried to obtain a copy on an immate request for interview form dated Feb. 28 2006, [See Ex. C] bod. was only sent the ongoing appeal Log #PBSP DOG-COOL. C.D. Worsh and the medical Appeals office are responsible for violating claimants dux-process, by withholding medical data.

### Claim Information 19 suga pg. 5.

22) Furthermore, the assegutions made by FNP, Sue Ravin brown, claiming that claiment said he indicated using medication from other inmates, and that he said he was doing him is preposterous, and have no ment. Claimant wever asked, FNP, Sur Risenhover to remove the medication allergy about from his Medial file nor dist he say he used medication from other inmates and that he was doing fine. FNP, Sie Risenhoven, is acting in bad faith with there bald ascertions.

23) Claimant has had to live with the constant pain and lack of steep due to his chronic medical condition ever since 11-14-2005 when his medical care providers creased to continue treatment.

#### $\overline{\mathcal{L}}$

24). Defendent(s), Richard Kirkland, (warden); FNP, Sue Risenhovum; Maureen McLEAN, Hicm; Mc. Sayre M.D., CHief Medical Officer(A): A. THACKER, CHSA II and DOES - I through 15 failed to use the degree of skill usual among doctors of good standing in the community, and their nets and/or omissions are the proximate cause of furthering the ongoing chronic pain / injury. Suffered by claimant due to defendents. deliberate indifference to claimants medical needs:

25). Defendents designated herein as DOES I through 15 in clusive, consist of individuals who were or are currently employed by the CDCR and are responsible for the medical care of all immates at PBSP, including, but not limited to, the Supervision, direction and for propor training of the medical Staff at PBSP in the delivery of health care services and the management of health care programs; involvement in the determination of proper medical care for immates, including, but not limited to, having authority to order and approve medical tests and treatments to be done; having authority to assure that innates who are hunstered to other institutions receive continuing proper medical cure; having authority and --

#### Claim Intermetion #19 sapp. pg to

supplies; communication of medical needs to the correctional custody startly, and, generally making sure that proper medical care is provided to all immates. Claumant is informed and believes, and thereon alleges, each of these DOE defendents I through 15 is responsible in some mannor for the damagnes/injury alleged in this complaint. At all times mentioned herein threse defendents were acting under the color of state law, in the course and scope of their caploquent, and are sued in their official and individual capacities. The true names and capacities of said DOES I through 15 are presently unknown to claimant, who therefore swest than by fictitious names and will seek feare to amend this complaint to add their true names and capacities when they have been ascertained.

20) Claimant is informed und believes, and there on alleges, that defendents, have known of this medical condition since claimants transfer to PBSP in Jan. of 2001.

27). Each defendent mentioned in this complaint is, and at all times relevent herein, was employed by the CDCR as a Medical Heath Care; Practitioner; Manager; Officer und for reviewer at Pelican Bay State Person, (PBSP).

have acted intentionally in the manner obescribed above and with knowledge of claimants Suffering and the risks of further serious harm that could result from their actions or refusal to act.

and continues to suffer general damages in the form of severe pain and suffering and emotional stress. Claumant is informed and bietieves, thereon after general stress claumant is informed and bietieves, thereon after the hat he will continue to suffer such claumages in the fitters.

30) Defendents conduct violates Cal. Const. Art. I sec 17 be cause that conduct constitutes cruel on unusual punishment to claimants serious medical needs, and violaties his

### Claim Intermation #19 Supp. pg . I

Eighth amundment right to be free from cruel and uncount punishment.

31) In acting as described above, defendents acted despicably, Knowingly, wilfully, and maliciously, or with reckluss or callous disregular for claiments state & Federal protected lights entitling claim unt to an award of exemplary and punative damages.

32). Claiment has thus exhausted his administrative appeal for the claim herein.

Canel FIRST Claim for Rediet

(Unitsual Punishment - Violation of California Constitution Apt. 1, sec. 17, and)

Article 1, sec. 15 - due process

33) Claimant refers to and incorporates by reference herein the albegations of paragraphs I through 32, inclusive.

34). Detendents have intentionally inflicted severe physical and emotional pain and suffring against clasmant for the purpose of depriving him his State protected right to like, liberty or property without due-process of law; to be free from the infliction of cruel and anusual punishment.

#### Second Claim For Peliet

( Volation of 15 California Code of Regulations ) 83350 et seq.)

35). Claimant refers to and incorporates by reference herein the allegations of paragraphs 14hrough 32, inclusive.

36). Defendents have intentionally inflicted severe physical and emotional pain and suffering against clarinant for the propose of depriving him of his 15 CCR \$3350 et seq. protected rules to be afforded proper medical care.

### Claim Information 19 supp. pg. 8

#### THIRD Claim for Reliet

(United States Constitutions 14th Amend Violation - Luc process)

37). Claimant refers to und incorporates by reference werein the allegations of paragraphs 1through 32, inclusive.

38) Detendents have intentionally inflicted severe physical and emotional puin and suffering against claimant for the purpose of depriving him his Federally protected right to life, liberty, or property without die process of Law.

Fourth Claim for Relief

(Eighth Amendment Violation - deliberate Indifferent to Senous Medical Med)
39) Claimant refers to and incorporates by reference herein the assegutions
of paragraphs 1 through 32, inclusive.

40). Claiments medical condition, as described increan, constitutes a services medical need in that facture to treat the condition has resulted in further significant pain and suffering, and the engine facture to treat it is likely to cause more significant pain and suffering. Said condition had included, but not necessarily been limited to, lack of sheep, ordinary like movements; and very severe pain. Claimant is housed in the Security Housing Unit interve his spends 22th hours a day in his cell and dispends on basic excensives to been trimuscles from turning atrophy. Claimants medical condition significantly affect his ability to excensive everyday without treatment. All claimant is informed and believes, and thereon altegras that all defendants medicinal herein, are properly trained Medical Staff Officers who and are responsible for the suffery and well-being of all immates at PBSP. At all times mentioned hereaffects were acting linder the color of State law; in the course and scope of her/his employment, and is sued in her/his cofficial and individual capocities.

66

Clacin Information 19 supp. Ag 7

#### PROYER FOR RElief

Wherefore, claument, Timothy Cook, prays for judgement organist defendents as follows:

- i) For Injunctive relief in the form of proper medical were, according to prost;

  2) For compensatory damages of \$50 a day to cover claimants pain and

  suffering / mental and emotional anguish from 11-14-2005 to present, according to prost;

  3) For punitive damages of \$100 a day from defendants jointly and severly who are

  found guilty to have intentionally deprived charmant or his right to serious medical

  receds; according to proof;
- 4) For reasonable afterneys fees pursuant to 42 4.5.c. 81983
- 5). For cost of flue suit, and for such other and further relief as the court muy deem proper and just-

date: 6/21/06

Respectfully Submitted. Juniothy Coul TIMOTH Y COOK . E40919 P.O. BOX 7500 CRESCENT CITY, CA. 95532

In PROSE

SUPERIOR COURT OF CALIFORNIA COUNTY OF DEL NORTE

TIMOTHY LOOK, PLAINTLES

٧S.

Robert Honel, et al (WARDEN) AT ABSP-Pelican Bay State Paison NO.

### REQUEST FOR APPOINTMENT OF COUNSEL AND DECLARATION OF INDINGENCY

I, TIMOTHY COOK, DECLARE THAT I AM THE PLAINTIFF TO
THE AROVE REFERENCES MATTERS, THAT I AM INCARCEDATED
AT PELICIAN BAY STATE PRISON (PISSIN) SECURITY HOUSING UNIT (SHU)
AND THAT IM INDIGENT AND UNABLE TO AFFORD COUNSEL
MY TOTHL ASSETS ARE D.
I DECLARE UNDER PENALTY OF PERGERY THAT THE FOREGOING
TS TRUE AND CORRECT.

EXECUTED AT CRESCENTCITY, CAL. ON,

date: 12/19/2006

RESPECTABLLY SUBMITTED,

Timothy Cook

Limothey Cook

IN 1KO SE

UNIVERSITY OF CALIFORNIA, DAVIS

BERKELEY - DAVIS - IRVINE - LOS ANGELES - MERCED - RIVERSIDE - SAN DIEGO - SAN FRANCISCO



SANTA BARBARA - SANTA CRUZ

SCHOOL OF LAW CIVIL RIGHTS CLINIC TELEPHONE: (530) 752-5440 FAX: (530) 752-5788 ONE SHIELDS AVENUE DAVIS, CALIFORNIA 95616-8821

#### CONFIDENTIAL LEGAL COMMUNICATION

October 23, 2006

Timothy Cook, E-40919 PBSP-SHU D4-206 P.O. Box 7500 Crescent City, CA 95532

Re: Request for assistance

Dear Mr. Cook:

We have reviewed and considered the information you sent us for purposes of asking us to provide legal representation. Unfortunately, we will not be able to do so. Our decision does not depend on the merits of your claims, but on a number of other factors.

This office represents indigent plaintiffs in civil rights cases who have filed cases in the United States District Court for the Eastern District of California in Sacramento. Primarily because of budget limitations, we are unable to represent clients in other courts and outside the Sacramento area. If you wish to pursue your claims you should continue to be diligent in seeking counsel, but especially in complying with all court ordered, and statutory deadlines.

You may wish to contact Amitai Schwartz, the current chair of the pro bono panel for the Northern District of California. His address is 2000 Powell St #1286, Emeryville, CA 94608-1805.

We will not be representing you or protecting your legal interests in this matter or taking any legal action on your behalf. Therefore, we advise you to seek other legal representation immediately in order that your interests are protected.

We wish you the best in your pursuits.

Very truly,

Carter C. White Supervising Attorney

·CCW/rc

(C.C.P. section 101a #2015.5; 20 U.S.C. section 1746)

I, Timothy Cook, am a resident of Pelican Bay State Prison, in the
County of Del Norie, State of California. I am over eighteen (18) years of age and am a
party to the below entitled action.
My Address is: P.O. Box 7500; Crescent City, CA 95531.
On the 19 day of December, in the year of 2006, I served the following
documents: (set forth the exact title of documents served)
California Tort action - Exhibits - Request for Appointment
of counsel - summons - application fee waiver
on the party(s) listed below by placing a true copy(s) of said document, enclosed in a
sealed envelope(s) with postaage thereon fully paid, in the United states mail, in a deposit
box so provided at Pelican Bay State Prison, Crescent City, CA 95531 and addressed as
-follows:
Superior Court of California,
County of Del Norte
1150 H. Street
Crescent lety Cel
95531
I declare under penalty of perjury that the foregoing is true and correct.
Dated this 19 day of December, 2006.

(Declarant Signature)

Rev: 03/10/00

Case 3:08-cv-01925-CRB Document 1-2 Filed 04/11/2008 Page 27 of 42

EXHIBIT C

Timothy Cook. E40919 P.D. Box 7500 04-206 Crescent City Lot . 455.32 Pelican Bay State Artson 2 C. Cumpr .3. INPROSE 4 5 6 7 SUPERIOR COURT OF CALIFORNIA 8 COUNTY OF DEL NORTE 9 10 Timothy Cook, Cast-no. CVPI 07-1024 11 Plaintiffs FIRST AMENDED CIVIL .12 COMPLATINT ( CODE OF CIVIL PROLEDURE §.472. 13. Robert Horel, et al. (warden) of DEMAND FOR JURY TRIAL .14 Pelican Bay State PRISON (PBSP); Sue Ellen Risenhover. Family NURSE PRUCT HOWER, (PBSP); 15 Maurem McLean Health Care Manager, 16 (PBSP); C.D. Warch. Medical Repeals TRACKING Program Analyst (PBSP); Michael Clifton Sayre. M.D. Chief Medical officer (A) (PBSP); and 17 18 A. Thacker CHSA II . (PBSP), inclusive: .19 each being swed in their individual and official capacities. 20 Defendants -21 22 23 24 25 25

27

28

Tim Hay Cook . E46419 PO BOX 7500 D4-206 Chescent City, Cal. 95532 2 Aelican Bay State Prison 3 C. Cumor In Pro Se 5. 6 7 SUPERIOR COURT OF CALIFORNIA 8 COUNTY OF DEL NORTE 9 10. NO. CVPIO7-1026 Timothy Cook, (AMENDED COMPLAINT) VIOLATION 12 OF CIVIL RIGHTS, LIMITED
JURISDICTION - AMOUNT EXCEEDS
1.0.000 CCALLFORNIA RULE OF
COURT 201(F)(9)). 13 Robert Horel, et al. 14 Defendants 15 16 GENERAL ALLEGATIONS 17 1. This is a complaint for compensatory and punitive numages For general 48 negligence, Intentional - Tort; according to proof. 19 Code of Civil Procedure & 425.12 2. This court is proper because injury to person and/or dumage to 21 personal property occurred in its jurisdictional area and at least one defendant 22 now resides in its surisdictional area. The paragraphs of this complaint alleged on 23 information and belief are as follows: 45,47,48,55 25 25 3. Plaintiff. Timothy Cook , is a prisoner of the State of California. 27 28 COMPLAINT - personal injury

1 cfl.

Complaint - Rersonat Injury Property

11

15.

17

16.

19

21 22

23

25 26

27

13. Plaintiff suffers a diffuse disc prolongation of the TZ and an hemon-groma along the anterior C3 vertabrai body, posterior estemphytesis causing spinal stenosis compressing the spinal cord nerves.

14. Amongst the excementional complications, plaintiff suffers from bony fragments that flood in his exercical area which limit indinary like movements. Causing extreme pain.

15. Plaintiff Submitts his lumbe sacral spire suffers from long standing focal change involving the hone with notch deformity limiting endinary life movement and resulting in severe pain. All of which is supported by effective medical data.

See [Exhibit-A] herein

16. (PBSP) medical had been treating plantiff with physical theropy. medication and conservative remedies such as issuing an extra pillow / mattress. However. ON 11-14.2005 (PBSP) medical cure providers discontinued treatment due to budget restraints greed and supervisory reasons. And not because plaintiff had cease to experience pain.

17. Maint. If contest to the denies of medical treatment care and asked defendant. Risenhouse to explain why she decided to discontinue medical care for plaintiff when treatment was working just fine.

supervisors due to budget restraints and she had to go along with what her boss tells her to do and she didn't want to lose her job . especially with a recent pay mere use ... didn't want to take the risk. Furthermore: she said that it plaintiff disagreed he could appeal and complain to Sacraments.

19. Plaintiff replies, There are significant recisions why she should reconsider denying medical cure, shes fully aware of the medical problems and effective medical data supporting plaintiffs need for medical cure and that she is and for has been freating plaintiff for those conditions for a member of years.

- 1	<b>∤</b>
٠.	
1.	20. Defendant hisenhower Said she is t
2	condition because she had been treating him for
3	tied serry.
4.	21. Plainteff then inquired as to what
5	Risenhoover would be culturg from his medici
6 .	stated : no mattress and no physical theropy
7	some tylenol if plaintiff wishes.
8	22. Plaintiff submitts he told Defendant
9	his extra mathress without violating his due proces
0	to have an extra mattress on administrative app
1	throno ordered by Doctor Hechanova). Moreover
2	previously reviewed plaintiffs chrono for an e
3	seeilExhibit B] herein. (extra multress ordered t
4	23. At this point detendant Rissenhoo
5	ordered the corrections guard to remove plain
6	said he would appeal.
7	
8	TV
9	SUBSEQUENT APPEAL / 6
0	RECLEVE EXTRAMATRESS / PHYSICAL
1	24. Subsequent to the demal of plainlif
2	theropy . plaintiff filed an administrative appeal
3	place November 27, 2005. See : [Exhibit-C] here in
4	25. Plaintiff was assigned a staff review
5	appeal. The staff reviewer is defendant, C.D.
5	office of (PBSP).

Complaint.

27

28

20. Defendant hisenhower said she is fully aware of plaintiffs medical
tion because she had been treating him for years but her hands were
SCKRY.
21. Plainteff then inquired as to what exactly were the things defenden
house would be cutting from his medical cone. Defendant Risen house
ed : no mattress and no physical theropy , but she would prescribe
tylend it plaintiff wishes.
22. Plantiff submitts he told Defendant hisenhouser that she couldn't take
tra mathress without violating his due process because he had wen the right
ive an extra mattress on administrative appeal see; [Exhibit B] herein, (medica
ordered by Doctor Hechanova). Moreover, detendant Risenhover had
usly Renewed plaint. FFs chapme for an extro muttress in August of 2004.
LEXhibit BI herein. (extra multress ordered by Suc Risenhocker).
23 At this point defendant Risenhoover became argumentative and
red the corrections guard to remove plaintiff From the clinic. Plaintiff
he would appeal.
T <u>V</u>
SUBSEQUENT APPEAL/602 TO
RECLEVE EXTRAMATIRESS / PHY STOAL THE ROPY
24. Subsequent to the denial of plainliffs extra mattress and physical
y. plaintiff filed an administrative appeal log# DO6 00091. This action took
= November 27, 2005. see : [Exhibit-C] herein.
25. Plaintiff was assigned a staff reviewer to investigate and truck his
I. The staff reviewer is defendant. C.D. Worch from the medical appeals
e.of (PBSP).
26. Defendant, Worch interviewed plaintiff on January 31. 2006. She

4 of 11

indicated that an extra mattress wasn't necessary and that an extra blanket was given in lieu of an extra mattress. Defendant Worch never mentioned anything about plaintiffs physical theropy.

27. Plaintiff mentioned to defendant worch verbally I on I whate Request for interview as well as on appeal that he had been granted an appeal, previously, to have an extra mattress and to deny him the extra mattress and documentation to prove it would violate his due process of law protected under the U.S.C. 14th amendment's California Constitution. Article 1 section 15 and 15 CCR \$ 3350 at seq. Furthermore i plaintiff asked detendant Worch to search his medical file and ler the medical appeals office for a copy of the aforementance appeal because plaintiff lost his original copy and needed it to substantiate his claim on appeal by no bob coosil. To no avail, plaintiff appeal was pushed to the next level with no relief.

### SECOND LEVEL APPEAL RESPONSE

28. Defendant Maurein Milean. Health Care Manager was assigned to investigate plaintiffs appeal log no not open and assigned defendants A Thacker CHSAIL and Michael C. Sayre: M.D. Chief Medical Officer (H) To review plaintiff medical file and responses. They claim no record of an appeal was found in plaintiffs medical file supporting plaintiffs claim of a previous appeal granting plaintiff the right to have an extra mattress authored by Doctor Hechanova. Notably missing from defendants review was a thourough search of the medical appeals records where they keep all copies of medical appeals. Defendants McLean: Thacker and Sayre incompetantly investigated plaintiffs appeal resulting in further pain and suffering for the plaintiffs appeal resulting in further pain and suffering for the plaintiff.

Id. Plaintiff moved for Third revel review and appeal exhaustion.

27

14

15

18

. 23

his medical file. See: [Exhibit · D] herein.

DIRECTORS LEVEL APPEAL DECISION TAB CASE NO DELIGITY LOCAL LOG NO. PASP-OL COOP

3

5

7

8

io

11

12

13

15 16

17

18:

19.

21

22

23

25<sup>)</sup>.

27

28

should be appropriately treating plaintiff with medical services he initially was given by DR. Heebanova and already established that with effective medical data meeting (CDERS) minimum standard of core pursuand to 15 CCR \$ 3350, and \$ 3354.

31. Plaintiff has exhausted his administrative remedies.

32. Faced with the dilema of being given, the own-around plaintiff moved

for an Olsen Review in attempt to Retrieve anything that could back his clum from.

an asbitrary decision. Plaintiff absolutely shows that the Primary Exite Providers

30. The directors level decision not to grant plaintitis uppeal is clearly

III.

INMATE REQUEST FOR OLSEN REVIEW

AND FOR COMES OF HEALTH RECORDS

33. May 4th 2006 Plaintiff had an olsen review to further investigate documentation from his medical file to support appeal log No DOE 88041 Challenging the denial of medical care. At Plaintiff Olsen review he requested several copies of his medical records including a copy of a medical chrono from DR. Hichanova RE extra mattress approval from 1 6-2003. Furthermore. plaintiff asked the Medical Technical Assistant (MTA) - name unknown to plaintiff, who was conducting the olsen review, to look in the medical appeals office for a copy of plaintiff, appeal that granted him an extra mattress, authored by DR. Hechanova.

34. On a Memorandum to plaintiff dated May 4th 20010, by unknown (MTA) she indicated that no appeal /602 filed in medical file bid the Medical Appeals Office did find one, re: DBL mattress granted by Doctor Hechanova and that plaintiff was to contact the medical appeals office for further research. See TEXHIBIT DI herein.

35. With this key prece of evidence showing plaintiff was telling the truth about an earlier appeal and showing the deprivation of personal property which staff were withholding that would have substantiated plaintiffs claim from the onset and elleviated the merital and physical temotional pain and stress; he then moved to request a copy of said appeal by way of immate request for interview form addressed to defendant, worch which she denied of having a copy of said appeal in her response. Furthermore, depriving plaintiff due process.

36. Plaintiff submitts this gives rise to a liberty-intrest amounting. It deliberate indifference. See Exhibit EI herein.

37. Plaintiff has lived in constant pain and anguish and loss of steep due to the deprivation of proper medical case.

38. All the defendants in this case have shown had faith and dis-Reguard for the plaintiff medical care and even taunt plaintiff whenever he goes to his medical appointments to beggior an extra mattress, medication and physical theropy.

39. At one point defendant Risenhoover said plaintiff was approved for physical theropy but insisted he be placed at the bottom of the waiting list due to plaintiffs' condensending attitude. That was seven months ago.

40. Plaintiff submitts that For two yes, he has been succumbed to medical neglect and further dumuye to his mental and physical well being.

41. To this date plaintiff has not recreved physical theropy and only recreves one month supply of medicution. Each chronic care appointment plaintiff goes to are in 40 day intervals. Thus, his medication runs out before his next appointment subjecting him to two months of more pain and suffering:

42. Plaintiff seeks relief in compensatory dumages jointly and severly ...

12

1.4 ·

18

22

23

by each defindant.

:2

3

5

.7

9

10

13.

16

17

22

23

24

43. Plaintiff has filed with the Victim Compensation and Government Claim Board on 6-1-2006 and was rejected at its hearing on September 27.2006. See: [Exhibit F] herein.

14. Defendants. Robert Horel: Sue Risenhower: Maircen McLean;
Michael C. Sayre: C.D. Worch: and A. Thacker Fail to use the degree of
skill usual among Officers and doctors in good standing in the community and
their acts and for emissions are the proximate cause of furthering the constant
pain and suffering by plaintiff.

45. Plaintiff is informed and believes and thereon alleges that defendants.
Risenhoover. Maureen McLean. CD Worch and Michael Sayre have known of his
medical condition since plaintiffs transfer to (PBSP) in January of 2001.

46. PlaintiFF submitts that each defendant mentioned; in this complaint is and all times relevend herein, was employeed by the (CDCR) as a frimary Health come provider, practitioner, manager, officer, analyst and lor reviewer at (PBSP).

47. Plaintiff is informed and believes and there on alteges that defendants Risenhoover and C.D. Worth acted intentionally in the maner described above and with knowledge of plaintiffs suffering and the risk of further harm that could result from their actions or refusal to act. As a proximate result of their conduct plaintiff has suffered and continues to suffer general dumages in the form of severe pain and suffering us well as emotional stress:

continue to suffer such damages in the future.

49. Defendants conduct violates state and fecteral constitutions; state laws; and state regulations because that conduct constitutes violations of durprocess and the right to be free from cruel and unusual punishment.

27

28

1. 2

11.

12

13

14

.15.

16

19

20

24

50. In acting as described above detendants acted despicably. Knowingly willfully and muliciously or with reckless or callous disregulard to plaintiffs rights entitling him to an award of compensatory and punitive damages.

ME

INTENTIONAL - TORT

51. As described in the First cause of action paragraph 47 defendant to Risenhoover intentionally deprived plaintiff of appropriate medical services which he was initially given and clearly established appropriate cours with effect medical data pursuant to 15 CCR \$3350 et seq: 3354, and with the intention on the part of the defendant of depriving plaintiff medical services causing future injury.

52. As described in the First course of action parauruph 47 defendant, Worch intentionally concealed a material fact known to the defendant, with the intention on the part of the defendant of depriving plaintiff of his property causing injury.

53. In acting as described above in paragraphs 51.52. plaintiff should recover in addition to actival damages, damages to make an example of and to punish detendants, Risenhover and Worch.

#### CONCLUSION

The Plaintiffs medical condition as described above constitutes a serious medical meet in that Failure to treat the condition has resulted in further pain and suffering and the ongoing failure to treat plaintiffs condition is likely to cause more pain and suffering. Said condition had included but not necessarily been limited to lack of sleep, emolional stress, severe pain and limiting ordinary-life movements. Plaintiff is housed in the security housing unit where he spends 22 1/2 hours a day in his cell and depends on basic exercise to keep his muscles from turning atraphy. Plaintiffs medical condition

significantly affects his ability to exercise properly without treatment.

defendants mentioned herein are properly trained medical staff employees and for officers who are responsible for the safety and well being of all immates at IPBSPI. At all times mentioned defendants were acting under the color of law; in the course and scope of his ther employment, and is sued in his their official and individual capacities.

8

10

11

12

:3

Bespectfully Submitted

date: Feb 25, 2007.

Timothy Cook

INPROSE

13 14

15

. 15

17

18:

19 20

21 -

22

-23

24. 25.

26

27

28

COMPLAINT - Personal Injury

30 614

### PRAVER FOR RELIEF

Where fore . Plaintiff Timothy Cook prays for sudgement against defendants as follows:

- 1. FOR Injunctive relief in the form of proper medical care, according to proof ?
- z. For rempensatory dumg was of \$50 a day to cover pluintiffs pain and suffering and emotional anguish From 11-14-2005 to present according to proof:
- 3. For punitive dumages of \$ 100 a day from defendants jointly and severly who are found guilty to have intentionally deprived plaintiff his property and serious medical needs; according to proof;
- 4. For cost of suit; and for such other and further relief as the court may decin proper and just.

Respectfielly Scalmitted,
Limiting Cook
IN PRO SE

Late: Feb 25.2007

18

· 6.

10

-11

12

13

14

16

17

19

20

-21 -22

23.

24

25 26

27

28

# EXHIBIT "A"

SUTTER COAST HOSPITAL 800 EAST WASHINGTON BLVD CRESCENT CITY: CA 95531

#### RADIOLOGY REPORT

Patient Name: CDC, E40919

MRN:

14-66-12

DOB:

03/05/1965

Ordering MD: Desert Winsto Study Date:

11/22/2004

MRI CERVICAL SPINE

CEITY Thumb and inditing

· elevated masses

HISTORY: Clavicular pain with right thumb-and-index-finger numbness:

Two narintial Bones of skill

SEOUENCES: Sagittal and axial T1 and T2 weighted sequences were performed...

FINDINGS: The cord is unremarkable without any evidence of abnormal signal or mass formation. There is no downward displacement of the cerebellar tonsils.

At C2-C3 there was no disc protrusion. Facets, lamina and pedicles and neural foramina have a normal appearance. A 0.5 x 0.4 cm focus of T2 prolongation is present along the anterior C3 vertebral body, which probably represents a hemangioma.

At C3-C4 there is narrowed intervertebral disc space. There is a diffuse disc protrusion as well as posterior osteophytosis. These compress the anterior aspect of the spinal cord and cause a spinal stenosis at this aspect of the spinal cord related to the posterior osteophyte and disc protrusion. There is a spinal stenosis of this level with the anteriorposterior level diameter of the canal measuring 9 mm. There is some slight eccentricity to the disc and osteophyle complex to the left, narrowing the entry to the left neural foramen. The rest of the left neural foramen is patent. The right neural foramen is patent. Facets are unremarkable.

departing from At C4-C5 there is an eccentric left osteophyte formation and diffuse osteophyte formation as well. There is a narrowed intervertebral disc space. There is a mild disc protrusion. Mild narrowing of the left side of the spinal canal anteriorly related to the osteophyte disc complex as well as mild narrowing of the left neural foramen. The right neural foramen is patent.

A bone island is present along the posterior aspect of the right C5 vertebral body. This measures 8 x (i mm.

At C5-C6 there is a narrowed intervertebral disc space. There is a prominent posterior osteophyte disc complex eccentric to the left. This narrows the left lateral recess. This PAGE 2

#### RADIOLOGY REPORT

Patient Name: CDC, E40919

MRN:

14-66-12

DOB:

03/05/1965 Ordering MD: Dwight-Winslow

Study Date:

11/22/2004

narrows the left neural foramen moderately. The right neural foramen is patent. Facets are unremarkable.

At C6-C7 there is no disc protrusion. Facets, lamina, pedicles and neural foramina have a normal appearance.

At C7-T1 there is no disc protrusion. Facets, lamina, pedicles and neural foramina have a normal appearance.

IMPRESSION: Spondylitic changes with compression of the anterior aspect of the spinal cord at C3-C4 related to a diffuse disc protrusion and osteophyte ridging.

There is moderately severe narrowing of the left lateral recess and compression of the left anterior aspect of the spinal cord and narrowing at the left lateral recess at C5-C6 related to posterior osteophyte disc complex.

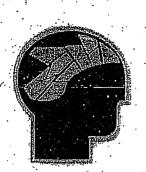
At C4-C5 there is narrowing of the anterior CSF space related to osteophyte disc complex. .

Sherrie Chatzkel, M.D.

D: 11/22/04

T: 11/29/04

sc/mb



## NEUROLOGY CONSULTATION LARRY J. MAUKONEN, M.D.

NAME:

COOK, TIMOTHY

CDC#:

IC40919

DATE:

01/18/2005

DOB:

03/05/1965

CHIEF COMPLAINT:

The patient is seen in consultation on 01/18/2005 in the

neurology specialty clinic.

HISTORY: The patient is having problems with increasing neck pain and some dysesthesias into his left hand. The patient states that his neck has slowly gotten worse over the years. He is having problems with pain in is neck. He also has numbness and tingling in the left thumb and index finger. He has had some mild weakness in his biceps and deltoid area on the left. His major complaint though is his increasing pain. He states he was on Neurontin and this seemed to help but was stopped, he is not sure why. The patient is currently getting physical therapy and is into his second week. Initially this did not seem to help but today he felt better after treatment. He is doing neck exercises. He is currently on no medications.

PAST MEDICAL HISTORY: The patient was in a motorcycle accident in 1989 with multiple injuries including his neck. He first began having symptoms in his left upper arm after a cell extraction in 1999.

#### PHYSICAL EXAMINATION:

HEENT: Extraocular motion is full range. No nystagmus is present. There is no facial asymmetry and normal movement of his face is present. Speech is normal.

NBCK: On forward flexion he can touch his chin to his chest, extension is to about 30° with neck pain. Right and left lateral flexion causes lower neck pain as does Spurling test. No radicular pain is produced.

HEART: Has a normal sinus rhythm at 68.

LUNGS: Clear. There are no carotid or supraclavicular bruits present.

EXTREMITIES: Motor exam reveals 5/5 strength on individual muscle testing in the upper extremities. Fine movements are normal. He has slight decreased sensation over the radial aspect of the left thumb, index finger and radial aspect of his hand and forearm. Sensation is otherwise normal over his extremities.

NEURO: Gait is normal. Romberg is negative.

REFLEXES: Deep tendon reflexes are +2 at the biceps, brachial radialis and knees, +1 at the triceps and ankles.

NAME: COOK, TIMOTHY CDC: E40919 DOB: 03/05/1965

MRI report reveals osteophyte projections to the left at C4-5 and

C5-6 with some narrowing of the foramina.

IMPRESSION:

CERVICAL SPONDYLOSIS

03/05/1965

RADICULOPATHY.

I'LAN:

The patient is improving with therapy and would recommend continued conservative therapy with physical therapy, exercise and heat: Also, he may benefit from the use of anti-inflammatory agents, muscle relaxants and/or nerve pain agents such as tricyclics or Neuronin: He is to return to the clinic on a p.r.n. basis. If he worsens, he might benefit from having EMGs and nerve conduction studies done to try to further localize this problem.

LARRY J. MAUKONEN, M.D.

d: 01/14/05 : Job #1265 t: 01/18/05 dik

cc: D Clinic

CDC: \E40919 COOK, TIMOTHY



#### X-RAY REPORT

DEPARTMENT OF CORRECTIONS PELICAN BAY STATE PRISON -HEALTH CARE SERVICES



NO. E40919 RM: D6-119 DOB: 03/05/65 DATE: 08/22/03 NAME: COOK, TIMOTHY

EXAM REQUESTED:

L-S SPINE

REQUESTING M.D.:

L. ROWE, M.D.

CLINICAL DATA:

HISTORY OF PAIN.

RADIOGRAPHIC REPORT:

L-S SPINE

FINDINGS:

Three views are compared to the previous study of 01/26/2000. Deformity with some bony destruction anterior-superior portion of LA is stable and may be consistent with osteochondritis or old trauma. Minimal degenerative disk space narrowing at L3-4 is stable. Marginal osteophytes at L4 are noted. No new abnormality is identified.

IMPRESSION:

- STABLE CHRONIC OSTEOCHONDRITIS POSSIBLY OLD TRAUMA RELATED TO ANTERIOR-SUPERIOR PORTION OF LA. NO EVIDENCE FOR PROGRESSION SINCE THE PREVIOUS STUDY THREE YEARS AGO.
- STABLE MILD NARROWING AT THE L3-4 DISK INTERSPACE.

CLINICAL DATA:

HISTORY OF PAIN.

RADIOGRAPHIC REPORT:

CERVICAL SPINE

FINDINGS:

Three views are compared to the previous study of 12/15/1999: Degenerative disk disease at C5-6 with disk space narrowing, end-plate sclerosis and marginal osteophyte formation is progressive since the previous study. Degenerative changes, possibly secondary to old frauma at C3 are stable. Marginal osteophytes at C4, C5 and C6 are stable. Posterior elements remain intact. Odontoid is intact.

DATEREAD

#### NAME: COOK, TIMOTHY NO. E40919 RM: D6-119 DOB: 03/05/65 DATE: 08/22/03

IMPRESSION

- 1. PROGRESSIVE DEGENERATIVE DISK DISEASE AT C5-6.
- 2. MODERATE DEGENERATIVE CHANGES NOTED ANTERIORLY AT C3 THROUGH C6, WHICH OTHERWISE APPEAR STABLE WHEN COMPARED TO THE PREVIOUS EXAM (OTHER THAN THE C5-6 DISK LEVEL).
- 3. FOLLOW-UP RECOMMENDED AS CLINICALLY INDICATED.

CLINICAL DATA:

HISTORY OF PAIN.

RADIOGRAPHIC REPORT:

RIGHT KNEE

FINDINGS:

Two views reveal no evidence for fracture or bony malalignment.

Joint spaces and soft tissues are intact.

IMPRESSION:

- 1. NO SIGNIFICANT ABNORMALITY RADIOGRAPHICALLY.
- 2. FOLLOW-UP RECOMMENDED AS CLINICALLY INDICATED.

08/26/03

GENE BABBITT, M.D.

THE !

	:. :
NUMBER	CDC
₩.	
1	Ţ
-	X.
	, ,
1	\ \L
1	Q

X-RAY REQUEST	REPORT FORM
Institution: CCI PLEASE PRIN	TOR TYPE
NAME: COOR HOUSING: 7/3	NUMBER: <u>F40919</u> UNIT: <u>4A</u> PREVIOUS X-RAYS X YES NO
X-RAY EXAM RÉQUESTÉD: T- Spine - L S	DATE ORDERED: 1.26.00
CLINICAL HISTORY: OLD LINE	DATE ORDERED: 7 · 3.6 · 0·0  DATE COMPLETED: 7 · 3.6 · 0·0  NO. OF VIEWS: 2 Uler 4 17 and
REPO	ORT

HORACIC SPINE, 2 VIEWS: 1/26/00

lignment and curvature are normal. Vertebral body heights and nterspaces are normally maintained. The pedicles are intact. No cute or chronic, traumatic or destructive changes are identified. To congenital anomalies are noted.

MPRESSION: RADIOGRAPHICALLY NORMAL THORACIC SPINE.

UMBOSACRAL SPINE, 7 VIEWS: 1/26/00

There is mild straightening of the lordotic curve. The anterior-uperior end plate of L/4 reveals a long standing focal destructive thange involving the bone, with notch deformity. There is abnormal farrowing of the interspace between L/3 and L/4. Osteophytic lipping involving the lateral margins of L/4 is also noted. The remainder of the examination is otherwise unremarkable.

MPRESSION: ABNORMAL NARROWING OF THE L/3-L/4 INTERSPACE, CONSISTENT WITH DISCOGENIC DISEASE,

CHRONIC, PROBABLY ACTIVE OSTEOCHONDRITIS INVOLVING THE ANTERIOR-SUPERIOR MARGIN OF 1/4 AS DESCRIBED ABOVE. NO ACUTE TRAUMA NOTED:

BERNARD KORDAN, M.D. 1/31/00 rg

KP 2/1/00

DATE DICTATED: DATE TRANSCRIBED: TRANSCRIBER:

X-RAY EXAM: L Spin, 1 Spin

M.D.

X-KAY TECH INITIAL: JG

X-RAY REQUEST REP	ORT FORM
Institution: COL PLEASE PRINT OR	TYPE
NAME: 100 TIM DIH S AGE: 34 DOB: 3-5-65 HOUSING: 78 204	NUMBER: E40919 UNIT: 4A PREVIOUS X-RAYS YES DO
CLINICAL HISTORY:	ORDERING M.D. OK PIARA RN/MTA: A DEC 121 073 DATE ORDERED: 17 - 8 - 9 9 DATE COMPLETED: 12 - 15 - 9 9
	NO. OF VIEWS:
REPORT  CERVICAL SPINE, 5 VIEWS: 12/15/99  Alignment and curvature are normal; normally maintained. Neural forami slight narrowing of the interverteb 3 and C-4 and between C-5 and C-6.	na are patent. There is ral disc space between C-
the anterior inferior end plates of the former showing evidence of ossi longitudinal ligament in the anteri odontoid process is intact. No cer	C-3 and C-5 is also present, fication of the anterior or aspect of C-3. The
IMPRESSION: MILD SPONDYLOSIS MID C ABOVE. NO ACUTE TRAUMATIC OR DESTR	
BERNARD KORDAN, N.D. t: 12/16/99	

DATE DICTATED: DATE TRANSCRIBED: TRANSCRIBER:

X-KAY TECH INIT'I

White- Medical File

Yellow=X-Ray File

Manda Card Department File .

EXMIDIT BAIT

SOUTH BAY RADIOLOGY MEDICAL ASSOCIATES, INC. 480 FOURTH AVENUE, SUITE #102

CHULA VISTA, CALIFORNIA 91910 (619) 585-2960

K.W. ALBERTSON, M.D. J.D. LIMPERT, M.D. L.A. PERKINS, M.D. H.R. GRIFFITH, M.D. A.D. SANDY, M.D. K.J. VAN LOM, M.D. V.M. TARTAR, M.D. R.H. LANE, M.D.

All Diplomates, American Board of Radiology

EXAM DATE: 10/14/92

OUTSIDE CONSULTATION

R.J. DONOVAN FACILITY

PT NAME: COOK, TIM DOB: 03/05/65 AGE: 27 XRAY NUMBER: 990040919

EXAM: 72100 LUMBOSACRAL SPINE, AP AND LAT.

N35 .

CDC: E 40919

AP and lateral views were done of the lumbosacral spine. is slight Scheuermann's deformity of the anterior superior lip of L4. No fracture is seen. No other abnormality is detected.

IMPRESSION: Bony defect of the anterior superior aspect of L4 probably related to previous Scheuermann's disease. No other abnormalities are seen.

Thank you for this referral.

KWA:rp

KENNETH W. ALBERTSON, M.D.

# EXHIBIT 'B'

	LTH CARE SERVICES UNIT CHRONO
NAME: OCK, Trainthy CDCH:	E40919 HOUSE: D6-104 DATE: 1/6/03
The above-named inmale has a medical condition	n which requires the below-listed medically-indicated chrono(s).
() COTTON BLANKETS	LOW BUNK
EXTRA MATTRESS	LOW BUNK/LOW TIER
EGG CRATE MATTRESS	INSOLES/ARCH SUPPORTS Size
EXTRA PILLOWS/WEDGE	WAIST CHAINS AND DOUBLE CUFFS
C SHORT BEARD	
TINTED GLASSES-FADE GRAY (Please	e Circle One: #1 #2 #3) (By Optometrist Recommendation Only)
Оптнопся: Туре:	
MEDICAL EQUIPMENT: Please check a	ppropriate medical equipment below:
Cane Walker Wheelchair Crute	ches 🖸 C-PAP/BIPAP 🔲 Oxygen 🔲 Îce Pack 🔲 Ace Wraps
Shower Chair	
(When appropriate, please name body part affects	ed and size, e.g., right arm):size:
appointment/(please circle one) FIRST/SECOND/ result in worsening of condition, permanent disab medical appointments. If you miss three Chro Program, and you must make an appointment with	
EFFECTIVE DATE: 1/6/03	EXPIRATION DATE: 1/6/04
EFFECTIVE DATE AND EXPINATION D	ATE MUST BE PROVIDED FOR CHRONO TO TAKE EFFECT
D. M. Hichanova MD	Anne La
Please Print Name	Signature/Title
DISTRIBUTION: WHITE Health Record OREEN-Housing	Unit YELLOW-CCII PINICE-File GOLDENROP-Inniate
When appropriate, a copy shall be lowered to S pecialty Clinic.	Unit YELLOW-COI PINIC C-File GOLDENROD-Inmate
HEALTH RECORDS STAFF SHALL LIST OTHER APPROPRIATE CO.	PIES BELOVY AND SHALL DISTRIBUTE ACCORDINGLY. (e.g., Clothing SHURGP/L-I):
DATE: 1/6/03 NAME: COOK,	TIMOTHY COCH: E409.19 PEOPMEDICAL

DATE: 8-19-04 NAME: Cook Timble CDC# EY0919

PBSP - HCS 001

### EXHIBIT 66C"

			· .	··	
	Medical	STUE			ِ الْحِيْدِ در الْحِيْدِ
INMATE/PAROLEE	Location Institution Far	ole Regime Log	N) N)(6-06091	Colingon	)
APPEAL FORM	(1 -	1 (	ince our if		DATE TO
You may appeal any policy, action or decision committee actions, and classification and state member, who will sign your form and state documents and not more than one additional for using the appeals procedure (esponsibly.	representative decisions, yo what action was taken. If yo	u must first informally s ou are not then satisfie	seek reliel through di ed. you may send yo	scussion with the our appeal with a	appropriate stail
NAME TIME they Cock	NUMBER AS E40919	isignment PBSP-	SHU D	4.206 2	II/BOOM NUMBER
A. Describe Problem: Poursuant		cour outle	ment in Ar	to Co B	ed this
CCR, Acction 3350, (4)	7	the mede	5.	artinut	- macit
adhere to their new	ucal steinda	· 1	reat an	inmat	er medica
needs, let to alive.	the Chief AR	Edwar I. O. A.	Tichai (CA	10) du	This and/
responsibility to	iocess any n	redical reg	recent be	r am t	nmate
and/on Physician	to approve	significa	and me	lital n	ecula prin
by an inmate under	their core.		······································		
Morceria, pursuant	to 15°CCR; SO	2c. 3354 -	eun Author	1134 M	talical sta
Il you need more space, attach one additional	sheet. (See	attached	Supple.	rental s	onees -
B. Action Requested: Atraval Market	eres compensation	; medication	. and Med	dies of the	une for
double-matteress as well		tinjunation/	quedelins	prevent	ing Midro
stalls deliberate indi	Thereno to in	mater midic	of needs.		
				<u> </u>	FA
Inmate/Parolee Signature:	2 Cook		Date	Sub <b>j</b> ured 7	2005
C INFORMAL LEVEL (Date Received )	<u>-/∂⇒/os.</u> ,	- G A			
Staff Response: 4004 ha	<u> </u>	SCHIA		un pe	PP-
10 015 61	re join	70-11/2014	7.0.2	Chart-	WITH
- TIME CAL	MIC II	USICAX.	Pirox	it alex	
Staff Signature	organ	enl	Dale Returne	d to inmate:	12/00/00
D. FORMAL LEVEL					. ,
If you are dissettisfied, explain below, attach at submit to the Institution (Parole Region Appear				fication chrono, C 	DC 128, etc.) and
Egitially dissutestied;	accellant of	Tion appe	ear porte	ening	to her
dende matteress choos	e mani grani	ted of see in	dedical t	No Fin	coper.)

Date Submitted.

. CDC Appeal Number.

Signature: Amostro Circle.

Note: Property/Funds appeals must be accompanied by a completed.

Board of Control form BC-1E, Inmate Claim

MAR 0 6 2008

1 200E

First Level . [ Staintell To Granted   Denied   Other
E REVIEWER'S ACTION (Complete within the working days) Date assigned 1-11-00
Interviewed by C. W. Writel. on 131106. Your grade were
Channel die to aller in to motion "the are
inecession to lead the line to the things
is matically interest theretore a chance
I was the said to the said of
La har de Colon de Co
The That is the same of the sa
250.
Staff Signature
Signature: Title: CHSPER Platamete 5/2/26
F. Hubssatisfied, explain reasons for requesting a Second-Level Review, and submit to institution or Parole Region Appeals Coordinator within 15 days of
In Shut is dissatisfied. A greyious bod a greath was granted overtaining to his
A STATE OF THE STA
double matteres: chiono these" Te issue me doublematteries chrows and
give me another matteres. Appellante condition hasn't changed and is still
in extreme out the medically just to re issue an already dead
signature granted. Tim Cask Certific tolderthat don't help to 5 5006
Second Level Granted Granted Denied Other
$\sim 10^{-10} M_{\odot}$
G REVIEWER'S ACTION (Complete within 10 working days) Date assigned 00 00 Due Date 1 10 Due Date 1 10 See Attached Letter
11/0 1
Signature Date Completed:
Worden/Superintendent Signature: 4 COL
H if dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of
response.
thesatistical It's obvious that anyone who severies and or are trying
to acquire a chrono for a double matteress must first show groot
that he medically fit the criteria, Appellant showed proof when he
challenged the first denial for request to have a double-matteres
and that proof lies in the chrones prevocate, given prior to the
third attempt to obtain an up dated chrone for double metteres.
Signature: Timeship Cook Date Submitted: 4-11-2006
For the Director's Review, submit all documents to: Director of Corrections
P:0. Box 942883
Sagramento, CA-94286-0001 Attn: Chief, Inmate Appeals
The state of the s
DISECTOR'S ACTION Granted P. Granted Denied Other
Dispection's Action Literated Lip. Granted L

602 supplement pp. N/Exhibits

treating a patient limited may remade any medical situation, within the scape of their licensure, without taking extreme measures for approxing such medical needs. On 11-14-2005, Appellant was seen by Nivrae Probleman, (N.P.) Risenhoom, for a follow-up scheduled west pertuining to Appellants, physical theropy; HVC; Medication and Londle matterior chrome, neck & back pain.

Direng the visit, numerous warren and regicests were asked by Appullant, concerning the above mentioned symptoms and ailments. Some of them esseen were the pair medication, and reviewed of Appullants double matteress chrone, to elivet some of the pair Appullant has experienced for over a decade.

(N.P.) Reunhouser assurad Appellant that he would be presended a pain medication (Ibupreter) and an anti-inflamatory to help with Appellant, source pain Appellant asked to reservition double matteries medical choose, (N.P.), Risonhuman densed such request and raid quote Vou don't fit the creteria unguar and that In not removing your choose, renquote, your chronic is involid.

Subsequently, Appellant contested the deneal and assured (N.P.) Risenthous, that he has significant reasons that warrent such medical needs and thut he had data to prove of his pre-existing injurior and years of completations. [see: Ex: A-medical data],

As af this date Appellant has not received any recollection and for choose to elivered his pain and descriptant. Appellant is in constant pain, and has sent remembered medical shot and request, with me response, to receive medical attention.

Appellant in without remedy save by Innate / Procee Appeal Form CDC 602 - Appellant in protected by the 6th and 14th Amendment (5) from cruel and inicial principlement and the dec. Process clause.

The deleterate indifference by (N.P.) Reachtogue, and decinant maker (CMO) creater a leterty interest; see Marsh v. Butter County, Ala, 225 F3d 1243 (11th Cir 2000); Wedview Clarke 45 F3d. 1253 (8the 1495) Finding of deliberate indither one by grien officialist to serious middent needs of an in-nati, in violation of Eighth and Fourteenth Amenginents, necessarity precludes finding of qualified immunity,

609/supplemental pg. "HI"

matheress and double-matteress charmes because of their chronic pain and medical constituer.

for a Chromic coin react Appellant which FAIR Resorberant whis the devial Pay a double nattered chromo & she said she was told it was a supervisoring decision dice to beingst constraints and even though she disagrees without decision she had to fallow protocol or she weel losse her job Tournd was expecting a pay invisare, so she deliberabley deviced appellant a mederal recessity she had, previously granted the year prior

fits reasonable to believe that after appellant mentsomed that there was a copy of his best appeal granting
a double matteres, on his medical felo, the supervisory
reserves: M. Mchean FNP, Health lane Manager; A. Thucker,
CHSAI (reviewer) and M. C. Sayre, M.B. Chief Medical Cfficills)
conspored to distroy the documentary encolonics (604459000)
in order to suppress the such may that would ultimately
validate appellants claims

Appellant muit now rely on the double matteries chrones dated 4/8/03 to 9/8/04 and 8/19/04 to 8/19/05 as some evidence. It Substantiate appellants claim.

Appellant asks their Chief Appeals to consider the cost comparison for issuing a matteriss and presenting

#### SECOND LEVEL APPEAL RESPONDE

RE: PELICAN BAY STATE PRISON

This matter was reviewed by MAUREEN MCLEAN, FNP, Health Care Manager at Pelican Bay State Prison (PBSP). M.C. Sayre, M.D., Chief Medical Officer (A), conducted the Appeal at the Second Level of Review on March 29, 2006.

APPEAL ISSUE: You state that pursuant to the provision outlined in Article 8 of Title 15, CCR, Section 3350 (a) (b) (1) (4) (5), the medical department must adhere to their medical standards to treat an inmate's medical needs. You state that it is also the Chief Medical Officer's (CMO's) responsibility to assess any medical request by an inmate and/or Physician to approve significant medical needs brought by an inmate under their care. Moreover, you state that pursuant to Title 15 CCR Section 3354, an authorized medical staff treating a patient/immate ma remedy any medical situation, within the scope of their licensure, without taking extreme measures for approving such medical needs. You state that on 11/14/05, you were seen by Family Nurse Practitioner (FNP) Risenhoover for a scheduled follow-up visit pertaining to your physical therapy, HVC, Medication, and double mattress chrono due to back and neck pain. You state that during the visit, numerous issues and requests were asked by you concerning the above-mentioned symptoms and ailments, including pain medication and renewal of your double mattress chrono, to eliminate some of the pain you have experienced for over a decade. You claim that FNP Risenhoover assured you that you would be prescribed a pain medication (Thuprofen) and an anti-inflammatory to help with your severe pain, but when you asked to renew your double mattress medical chrono, she denied such request and said, "you don't fit the criteria anymore and I am not renewing your chrono" indicating that your chrono was invalid. Subsequently, you state that you contested the denial and assured FNP Risenhoover that you have significant reasons that warrant such medical needs and that you have data to prove your pre-existing injuries and years of complications. You state that as of 11/27/05 you have not received any medication and/or chrono to eliminate your pain and discomfort and you are in constant pain and have sent numerous medical slips and requests to receive medical attention, but with no response. You claim that you are without remedy save by the Inmate/Parolee Appeal Form CDC 602 and you are protected by the 8th and 14th Amendments from cruel and unusual punishment and due-process clause. You state that the deliberate indifference by FNP Risenhoover and decision-maker CMO creates a liberty-interest relative to the finding of deliberate indifference by prison officials to serious medical needs of an immate and this necessarily precludes finding of qualified immunity. You are seeking monetary damages, medication, and medical double mattress chrono, as well as permanent injunction preventing the U.S.C. 8th and 14th amendment violations, which are created by the state prisons' medical staff. You want to be awarded monetary compensation and medication and a medical chrono for a double mattress, as well as permanent injunction/guidelines preventing medical staff's deliberate indifference to immate's medical needs. Your appeal was answered at the informal level on 12/22/05 by T. Longrie, RN, who stated that you have been scheduled an appointment to discuss your above request with the clinic medical provider. You were not satisfied with this response. and moved your appeal to the formal level on 12/28/05 stating that your prior appeal pertaining to your double mattress chrone was granted and a copy is in your medical file. You contend that a granted appeal cannot be reversed. You want to have your medical chrono for a double mattress renewed. You want to be notified as to the date of the scheduled appointment and you still need medications. A review of your appeal was completed. Your appeal with the attachments and your requested action received careful consideration. C. Worch, Inmate Medical Appeals Tracking Program Analyst, was assigned to investigate your allegations by the

First Level Reviewer. She interviewed you on 1/31/06 and noted that your-medications were changed due to your allergy to Motrin. You are now receiving Tylenol 325 mg. No extra mattress is medically indicated, therefore a chrono for an extra blanket was written. You are to return to the clinic as scheduled. A thorough review of the request presented in this complaint was completed. Based on that review, the action requested to resolve this appeal was partially granted. You were not satisfied with this response and moved your appeal to the second level of review on 3/5/06 stating that a previous 602-appeal was granted pertaining to your double mattress chrono. You want your double mattress chrono to be re-issued and you want to be given another mattress. You claim that your condition hasn't changed and you are still in extreme pain. You feel it would be medically just to re-issue an already decided appeal that was granted. You further state that the extra blanket doesn't help.

FINDINGS: A review of your appeal has been completed. Your appeal with the attachments and your requested action has received careful consideration. L. M. McLean, FNP, Health Care Manager, was assigned to investigate your allegations. A. Thacker, CHSA II, reviewed your medical file and responses on March 29, 2006 and it was also reviewed by M.C. Sayre, M.D., Chief Medical Officer (A). There is no record in your medical file of any appeal that was granted for you to have an extra mattress. You have been receiving an extra mattress along with. an extra pillow from 9/8/03 to 9/8/04 and from 8/19/04 to 8/19/05. FNP Risenhoover was the primary care provider who wrote the most recent chrono and was also the provider who indicated that you no longer met the criteria for an extra mattress. You were seen by FNP Risenhoover on 3/6/06 during a Chronic Care Visit and you wanted to discuss your double mattress chrono. You claimed that Dr. Hechenova granted both the appeal and the chrono because you had allergies and couldn't take medication for your pain. FNP Risenhoover explained that a double mattress is not indicated at this time and you stated that you would pursue this through the 602-appeal process. You asked that your medication allergy be removed from your file because you are only allergic if you take too much. You indicated you are using medication from other inmates and you are doing fine. You are being provided with the appropriate treatment for your condition and your progress will continue to be monitored through regularly scheduled visits.

DECISION: The Appeal is Partially Granted.

The appellant is advised that this issue may be submitted for a Director's Lievel of Review if desired.

M C Saure MID

Date

3/29/06

Chief Medical Officer (A)

M McLean FN

Health Care Manager

STATE OF CALIFORNIA

DEFARTMENT OF CORRECTIONS AND REHABILITATION INMATE APPEALS BRANCH P. O. BOX 942883 SACRAMENTO, CA 94283-0001

#### DIRECTOR'S LEVEL APPEAL DECISION

Date: 111N 2 0 2006

In re: Cook, E-40919

Pelican Bay State Prison P.O. Box 7000

Crescent City, CA 95531-7000

IAB Case No.: 0511954 Local Log No.: PBSP 06-0009

This matter was reviewed on behalf of the Director of the California Department of Corrections and Rehabilitation (CDCR) by Appeals Examiner R. Floto. All submitted documentation and supporting arguments of the parties have been considered.

I APPELLANT'S ARGUMENT: It is the appellant's position that that he suffers from severe pain due to a back and neck condition. He claims that STET is needed for his condition, which causes him pain and discomfort and could potentially develop into a more serious medical condition. He requests medication, a double mattress chrono for his condition, compensatory damages and that staff be provided guidelines to treat impate's medical needs.

H SECOND LEVEL'S ARGUMENT: The reviewer found that treatment of the appellant's condition is being appropriately provided. The appellant is a participant in the Chronic Care Program. He has been examined and treated for his condition. The appellant has been prescribed Tylenol for pain management and was provided an extra blanket chrono. A double mattress chrono is not indicated for his condition.

#### III DIRECTOR'S LEVEL DECISION: Appeal is denied.

A. FINDINGS: In this particular matter, the medical records and professional staff familiar with the appellant's medical history refute the appellant's contention that he has not received adequate medical care. Medical staff conducted a review of the appellant's medical file. The subjective symptoms are out of proportion with the objective findings. He was instructed to utilize the established institutional sick call process if he suffers discomfort. Current CDCR policy is to use evidence-based medical judgment for all decisions. All therapies, treatments and interventions will be judged acceptable by those criteria. This is the current standard and emerging clinical guideline in progressive medicine. The Primary Care Providers (PCP) is entrusted with the responsibility to ensure that all clinical recommendations adhere to this standard. Medicine is constantly evolving and the PCP selects the most appropriate treatment for the inmates under their care. The institution shall only provide medical services for intrates, which are based on medical necessity and supported by outcome data as effective medical care. The appellant is advised that each practitioner determines, at the time of treatment, the extent of treatment for the health care problem. The appellant has not presented a compelling argument to warrant modification of the decision reached by the institution. Compensatory damages are not warranted.

B: BASIS FOR THE DECISION:

California Code of Regulations, Title 15, Section: 3350, 3354

· C. ORDER: No changes or modifications are required by the institution.

COOK, E-40919 CASE NO. 0511954 PAGE 2

This decision exhausts the administrative remedy available to the appellant within CDCR.

Inmate Appeals Branch

Warden, PBSP
Health Care Manager, PBSP
Appeals Coordinator, PBSP
Medical Appeals Analyst, PBSP

### EXHIBIT "D"

# PELICAN BAY STATE PRISON HEALTH RECORD SERVICES TEST DE OUTET FOR OUSEN REVIEW AN

INMATE'S REQUEST FOR OLSEN REVIEW AND/OR COPIES
OF HEALTH RECORDS

NAME_	<u>Cook</u>		-	_ CDC /	E409	<u>19</u> 400	isnvg_	7	206
THE I	E NOTE: P. INMATE U VES THE R.	NLESS I							
	QUESTING: ( THAN JUST C					PSYCLIL	ATRIC	AND IF	
(PLE infor MED CUR	OULD LIKE APEASE SPECIFY mation to attorion to attorion to attorion to attorion twice two decimals are to review two decimals.	PURPOSE F psy) psychiati e only	FOR OLS RIC <u>X</u> AI	EN REV LL YOLI		py to pays	ician, pr you will	only be	
. (PLE	OULD LIKE CO BASE SPECIFY (	COPIES NEEL	DED BELC	OW)	* .	•	•		
MEI Ser	DICAL COPIES	s requésti anova	ED: <u>607</u>	2-gran	tid fram	12004 -	Pé.D	oudole	<u>matta</u>
· PSY	CHIATRIC CO	OPIES REQU	ESTED:	-				· · ·	· · · · ·
,									
	APPROVAL FO EALTH REGO		ATE TO	REVIEW	THE PSYC	HATRIC	N ORI	NOITAN	IN HIS
Signature	of Chief Psychiate	rist or Designee		(N/N/N/N/N/N/N/N/N/N/N/N/N/N/N/N/N/N/N/	Dale	VIII STEPPER STATE OF THE STATE	UNIADITA WIIIA	4.21/W.04)51/67/24/51	BINIPIRINAZE.
ain requ	date, Lealth Care Staff esting the tagged ed copies, which	(Health Record	ds Technic ed. A Trus	ian/Psych a Withdra		an/Medica	l Technic	al Assista	nt)I
TAMMI	E SIGNATUKE				DATE				
HEALT					DATE	·			. :

Memorandum
To: Inmate: Cook: CDC:#: <u>E40919</u> Housing: <u>D1-206</u>
то : Inmate: <u>Cook</u>
From :-Department of Corrections Pelican Bay State Prison, P.O. Box 7000, Crescent City, CA 95532-7000
Subject: RECEIPT FOR COPIES OF HEALTH RECORD INFORMATION
Date copied: May 4.00
Unit Health Record Reviewed: YES NO NO
Copies requested: YESNO
Review declined by this inmate YES DATE: Reason:
Copies declined by this inmate: YES DATE: Reason:
Day 5/4/06
Medical Staff signature and date (addressing transaction)
Copies requested include: Chrono from Dr. HECHANOVA R.E. extra mattress approval from 1/6/2003
There is not any tooks filed in medical file. a Medical appeals did first one rei Del Mattress.
granted from Dr. Hichampya Dlease contact, the MEDICAL Appeals Office for Further Research of This Looz you are trying find
Total number of copies Date presented to inmate:
I have received and reviewed my requested copies from my health record that I
requested. I understand that this transaction is final once I have reviewed and signed for my requested copies.
Smothy look 5/4/06

Inmate signature

Case 3:08-cv-01925-CRB Document 1-3 Filed 04/11/2008 Page 23 of 36

# EXHIBIT "E"

LF CAMIFORMIA (7/92)		nmate r	EQUEST	FORI	TEKYH	W. Esar	Partor coarections
123/06 N	redical.	Appeals OI	fice:	Promi(last Ma	COOK	<i>R</i> -	EGOP19
D4	S 0.6	WORK ASSIGNMENT				EKOM EKOM	70
ESIGNMENT (SCEOO	il, tagrany. Et	C.)				FROM	TO \
You will be c	Cl alled in for	early state you interview in th	ir reason for e near fuinte	r requesting	g this interv	iew. ındlad by corre	spondence.
ase send	i some a	copie as	my/0	aspeal	granten	g me a	double
iffress, a	cofficien	bef , Dor.		• •	<i>v</i> , ,	eboit	1/06/03.
Fached,	sadi	situithdra	1. 17	104	to pay	e fandh	s. copy
KSV/	7/	Johnson	y Lov				DATE
10 m	Nord.					<b>6</b>	16/26/06
e have	200	BBO.	20 5/2 Red	· .		think.	7
Levo!	<u>۱۲ ۲۰ ۱۰ ۲۰ ۲۰ ۲۰ ۲۰ ۲۰ ۲۰ ۲۰ ۲۰ ۲۰ ۲۰ ۲۰ ۲۰ ۲۰</u>	ريزيء در	= / / / /	west to	Low . Vi	edjel C. D. C	· 2bro of
		TRUST AC	COUNT	WITHDR	AWAL O	RDER	
					Г	ale	6/25 20 06
Warden		APP	provedbevonc	E	•		
e ceby request the second of t	al my Trust Ad lat sum from r			······································	for the purpos	se stated below an	nd authorize
	NUMBE		7919		NAME ( signa	CHINOTHY (	OOLZ T PRINT)
te below the Pt	JRPOSE for w	hich the withdrawa	is requested	PRINT F		V name and addre	
not u se this for	m for Canteen	or Honby purchas	200		check is to be i		
ROSE	our My	dical Agree	h Office	NAME	S		
	÷	V/			****	· · · · · · · · · · · · · · · · · · ·	· ·
	· · · · · · · · · · · · · · · · · · ·			·		( )	······
	······				PRINTY	OUR FULL NAME H	ERE

		COOLINTED	X7 DEPARTS	aent of Corrections
Tair of California 14 22 (9/92)	INM LE REQUEST	FROM (LAST NAME)		CINC NUMBER
4,18 06 In Medic	iel Apreals Office	, Cook	<u> </u>	E40919
BED MUMB	IK WOKKY ZSIGNMENT		LKOM .	70
THER ASSIGNMENT SCHOOL, THERAPY	- L		VSRICHMEN, HOP	
			FROM	TO
	Clearly state your reason for interview in the near futur	or requesting this intervi-	ew. ndled by corre	spondence.
RE: Medical Appea	1/602 Log # PBS	P-0-06-00091	2	
To: STAPP REVIEWAR	: HCM Norsel	- Your first lev	at respon	se is everde
- or be a set the it	in textrain aless	o return my 602	Appeal.	W/Alspesilich
A 11+ 11.	I me a corper of my ba	I granting me a dolle	Le processités à	rom Da. Hielaunie
	bu NOT write below this line, if i	antelaskuns iz kodnikati akule in jacir -	Emmy to the con-	DATE
interviewed by				3/2/06
noitisonsid	more son	to about the	- STE	
		201)		
<u> </u>				
	k2p	1,	-10-0:	
· · · · · · · · · · · · · · · · · · ·			, O - C -	
TATE OF CALIFORNIA 3A-22 (9/92)	INMATE REQUES	FOR INTERVIE	CAA DEPA	RYMENT OF CORRECTIONS
1/17/05 NT	A soffice	FROM (LAST NAME)	<	CDC NUMBER
HED NUM	USER WORKASSLINMENT		нг:: 10в илмвек	TO
THER ASSIGNMENT (SCHOOL THERA	D. PY JUTCH		ASSIGNMENT I	
			FROM -	TO.
	Clearly state your reason			
You will be colled in	for interview in the near futi	ire if the matter cannot be l	nandled by con	respondence.
Thada visit on	11/14/05 in which	L. N.P. Risembour	ou soid	she would
be issuine me	pain medication	s well as Arts	witis my	dication.
	thank recipie			
	osition with my	/ ~ / /		
	to the second se	Colonespace Greentrell perferondinck		
HIERAIEMED BA.	Tragas par		· · · · · · · · · · · · · · · · · · ·	DATE 3.2/8
The prov	ider Distantiv	went the mide	cations,	will rame
र वं गाडित	USS WITH YOUR	at send o	ppt 00	William Com Co. 15

# EXHIBIT "F"



STATE OF CALIFORNIA

ARNOLD SCHWARZENEGGER, Governor

VICTIM COMPENSATION AND GOVERNMENT CLAIMS BOARD GOVERNMENT CLAIMS BOARD

P O 80% 3036 SACRAMENTO. GALIFORNIA 95012-3035 Toll Free Number: 1-800-956-0045 Fax Number: (916) 323-6768 Internet: www.vicgcb.ee.gev

Timothy J Cook E40919 P.O. Box 7500 Crescent City, CA 95532

October 2, 2006

RE: Claim G561468 for Timothy J Cook, E40919.

Dear Timothy Cook,

The Victim Compensation and Government Claims Board rejected your claim at its hearing on September 27, 2006.

If you have questions about this matter, please mention letter reference 118 and claim number G561468 when you call or write your claim technician or analyst at (800) 955-0045.

Sincerely,

Linda Paluda, Program Manager Government Claims Division Victim Compensation and Government Claims Board

cc: B-23 Corrections and Rehabilitation, Attn. Donna Corbin

#### Warning

"Subject to certain exceptions, you have only six months from the date this notice was personally delivered or deposited in the mail to file a court action on this claim." See Government Code Section 945.6. You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately. PLEASE CONSULT GOVERNMENT CODE SECTION 955.4 FOR PROPER SERVICE OF SUMMONS AND COMPLAINT.

Ltr 118 Board Claim Rejection

ROSARIO MARIN Secretary State and Consumer Services Agency And Chairperson

STEVE WESTLY
State Controller
State Controller's Office
And Board Member

MICHAEL A FRAMOS San Bernardino County District Allomey Board Member

> KAREN McGAGIN Executive Officer

EXHIBIT D

# SUMMONS (Amended)

NOTICE TO DEFENDANT: Robert Horel Iwarden) et al.:
(AVISO AL DEMANDADO): Suc Ellen Risenhoover. Nurse Practitioner:
Muureen McLean. Health Care Munager: C.D. Worch. LMATPAI:
Michael Clifton Sayre, M.D. Chief Medical Official (A): and
A. Thucker. CHSA II.

YOU ARE BEING SUED BY PLAINTIFF: Timothy Cook, E40919 (LO ESTÁ DEMANDANDO EL DEMANDANTE): P.D. BOX 7500 D4-206 CRESCENT City, Col. 95532 Petrán Bay State Prison FILED SUM-100

POLOPARA USO DE LA CORTO

CLERK OF THE COURT

BY

DEPUTY

### IN PROSE

You have 30 CALENDAR DAYS after this summons and legal papers are served on you to file a written response at this court and have a copy served on the plaintiff. A letter or phone call will not protect you. Your written response must be in proper legal form if you want the court to hear your case. There may be a court form that you can use for your response. You can find these court forms and more information at the California Courts Online Self-Help Center (www.courtinfo.ca.gov/selfhelp), your county law library, or the courthouse nearest you. If you cannot pay the filing fee, ask the court clerk for a fee waiver form. If you do not file your response on time, you may lose the case by default, and your wages, money, and property may be taken without further warning from the court.

There are other legal requirements. You may want to call an attorney right away. If you do not know an attorney, you may want to call an attorney referral services. If you cannot afford an attorney, you may be eligible for free legal services from a nonprofit legal services program. You can locate these nonprofit groups at the California Legal Services Web site (www.lawhelpcalifornia.org), the California Courts Online Self-Help Center (www.courtinfo.ca.gov/selfhelp), or by contacting your local court or county bar association.

Tiene 30 DÍAS DE CALENDARIO después de que le entreguen esta citación y papeles legales para presentar una respuesta por escrito en esta corte y hacer que se entregue una copia al demandante. Una carta o una liamada telefónica no lo protegen. Su respuesta por escrito tiene que estar en formatio legal correcto sí desea que procesen su caso en la corte. Es posible que fiaya un formulario que usted pueda usar para su respuesta. Puede encontrar estos formularios de la corte y más información en el Centro de Ayuda de las Cortes de California (www.courtinfo.ca.gov/selfneip/espanot/), en la biblioteca de leyes de su condado o en la corte que le quede más cerca. Si no puede pagar la cuota de presentación, pida al secretario de la corte que le de un formulario de exención de pago de cuotas. Si no presenta su respueste a tiempo, puede perder el caso por incumplimiento y la corte le podra quitar su sueldo, dinero y bienes sin más adventencia:

Hay offos requisitos legales. Es recomendable que llame a un abogado inmediatamente. Si no conoce a un abogado, puede llamar a un servicio de remisión a abogados. Si no puede pagar a un abogado, es posible que cumpla con los requisitos para obtener servicios legales gratultos de un programa de servicios legales sin fines de lucro. Puede encontrar estos grupos sin fines de lucro en el sitio web de California Legal Services, (www.lawhelpcalifornia.org), en el Centro de Ayuda de las Cortes de California, (www.courtinfo.ca.gov/selfhelp/espanol/) o poniéndose en contacto con la corte o el colegio de abogados locales.

The name and address of the court is: (El nombre y dirección de la corte es):

DEL NORTE SUPERI OR COURT 450 H. STREET ROOM 909 Crescent City, CAL, 95531

CASE NUMBER: CVPIO7-1026
(Numero del Caso):

The name, address, and telephone number of plaintiffs attorney, or plaintiff without an attorney is:  (El nombre, la dirección y/el numero de teléfono del abogado del demandante, o del demandante que no tiene abogado, es);
TIME HAY COOK CHOUSE IN AKOSE
Chesterif City Ecil 195532 Sandra Linderman 1 1 1
(Recha) Feb 25 25 03 - 0.6 0 7. (Secretario) (Adjunto
(For proof of service of this summons, use 12 roof of Service of Summons (form 1205 0 10).) (Para prueba de ontrega de esta citation use el formulario Proof of Service of Summons, (POS-010)).
NOTICE TO THE PERSON SERVED: You are served  1. 2 as amindividual/derendant.
2 sthe person sued under the fictitious name of (specify):
on behalf of (specify):
under: CCP 416.10 (corporation) CCP 416.60 (minor)
CCP 416.20 (defunct corporation) CCP 416.70 (conservatee)
OF DEL Och 416.40 (association or partnership) CCP 416.90 (authorized person)  other (specify): Pelican Bay State Prison Official and for employee
4 by personal delivery on (date):

Form Adopted for Mandatory Use Judicial Councit of California SUM-100 [Rev. January 1, 2004] 400.00

				POS-0
Timothy J. Cook, P.O. Box 7500, D4-2	E-40919"			FOR COURT JISE ONLY
Pelican Bay State Pri	ison, Crescent City, CA 95532			
TELEPHONE NO.:	FAX NO. (Optional):	•		
	In Pro Per, Plaintiff			
STREET ADDRESS: 42	california, county of Del Norte 50 "H" Street, Room 209			
MAILING ADDRESS: SZ	rescent City, 95531			
BRANCH NAME:	rescent enty, 22221			
PLAINTIFF/PETITIOI	NER: Timothy Cook	· · · · · · · · · · · · · · · · · · ·	CASE	NÜWBER.
DEFENDANT/RESPOND	ENT: Robert Horel, et al			CVPI07-1026
	PROOF OF SERVICE OF SUMM	ONS (Amended)	Ref. No	or File No.: 07-1635
	(Separate proof of service	e is required for each p	arty served.)	
1. At the time of servi	ice I was at least 18 years of age and no			
2. I served copies of:				
a. X summo	ons			
b. X compla	aint			
, -	itive Dispute Resolution (ADR) package	9		
· —.	ase Cover Sheet (served in complex ca			tamen in the solid
	complaint	, , , , , , , , , , , , , , , , , , ,		
	specify documents): Amended Com	nplaint		
				and the state of t
•	pecify name of party as shown on docu	iments served):		the same of the sa
Robert Horel	l, Warden, PBSP			
under ite	other than the party in item 3a) served on 5b on whom substituted service was iffin, Litigation Office, Pelican	made) (specify name	r as an author and relationsh	ized agent (and not a person ip to the party named in item 3a):
4. Address where the	e party was served: 5905 Lake Earl	Drive (PBSP)		a section and distance
5. I served the party	Crescent City. (check propersbox):	Cay 20001	2014 - H. A.	
a by per	sonal service. I personally delivered the service of process for the party. (4) on	ne documents listed in	item 2 to the t (2)21	party or person authorized to
b X by sub	ostituted service: On (date): 11/30	)/07 - at <i>qui</i> ne): 3:00	pm Hefithe	documentslisted in item 2 with or
	presence of (name and title or relations			
(1)				
	of the person to be served. I inform	ned him or her of the g	eneral nature o	of the papers
(2)	(home) a competent member of the place of abode of the party. I infor		the street of th	
(3)	(physical address unknown) a p address of the person to be served him or her of the general nature of	erson at least 18 years d, other than a United S	of age appar	ently in charge at the usual mailing
(4) <u>\</u>	I thereafter mailed (by first-class, part the place where the copies were	oostage prepaid) copie e left (Code Civ. Proc.,	§ 415.20): I m	nailed the documents on
(5) 5	(date): 03/13/08 from (city): 1			
	amon a acomitation of unigeno	raning appoint tavel	inge to entire th	

PLAINTIFF/PETITIONER: Timothy	E NUMBER:
	CVPI07-1026
DEFENDANT/RESPONDENT: Robert Horel, et al	CVII07-1020
5. c. by mail and acknowledgment of receipt of service. I mailed the address shown in item 4, by first-class mail, postage prepaid,	documents listed in item 2 to the party, to the
(1) on (date): (2) from (	(olty):
(3) with two copies of the Notice and Acknowledgment of Re	ceipt and a postage-paid return envelope addressed
to me. (Attach completed Notice and Acknowledgement	the state of the s
(4) to an address outside California with return receipt reque	sted. (Code Civ. Proc., § 415.40.)
d. by other means (specify means of service and authorizing code se	ction):
Additional page describing service is attached.	
<ol> <li>The "Notice to the Person Served" (on the summons) was completed as follows:</li> <li>a.  \( \times \) as an individual defendant.</li> </ol>	s:
b. as the person sued under the fictitious name of (specify):	
c. as occupant.	
d. On behalf of (specify):	
under the following Code of Civil Procedure section:	
416.10 (corporation) 416.9	5 (business organization, form unknown)
	0 (minor)
	0 (ward or conservatee)
	0 (authorized person)
416.50 (public entity) 415.4	6 (occupant)
7. Person who served papers	
a. Name: Melanie Barry, Deputy Sheriff	
b. Address: 650 Fifth Street, Crescent City, CA 95531	
c. Telephone number: 707 464-4191	
d. The fee for service was: \$ Fee Waiver	
e. lam	the second second second second second
(1) not a registered California process server.  (2) x exempt from registration under Business and Professions Code	99956005
(3) e.registered:California process-server	
(i) owner employee undependent contra	Cloud
(ii) Registration No:	
(iii) County	
8: [ I declare under penalty of penjury under the laws of the State of Californ	nia that the foregoing is true and correct.
9. X I am a California sheriff or marshal and I certify that the foregoing is	rrue and correct
Date: 03/12/08	
Mother's Descript Dennite Chamber	a form of the form
Melanie Barry Deputy Sheriff  (NAME OF PERSON WHO SERVED PAPERS/SHERIFF OR MARSHAL)	(1992) (SIGNATURE)
The second se	A STATE OF THE STA

	POS-010
ATTORNEY ON PARTY WITHOUT ATTORNEY Diame or number, and activess):  Timothy J. Cook, E-40919  P.O. Box 7500, 104-206	FOR COULT USE DALY
Pelisan Bay State Prison, Grescent City, CA 95532	the second of th
TELEPHONE NO.: FAX NO. (Optional):  E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name): In Pro Per, Plaintiff	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Del Norte STREET ADDRESS: 450 "H" Street, Room 209	
cry and zif code: Croscent City, 95531	
BRANCH NAME.	
PLAINTIFF/PETITIONER: Timothy Cook	CASE NUMBER:
DEFENDANT/RESPONDENT: Robert Horel, et al	CVPI07-1026
PROOF OF SERVICE OF SUMMONS (Amended)	Ref. No. or File No.: 07–1635
(Separate proof of service is required for each party ser	nved.)
At the time of service I was at least 18 years of age and not a party to this action.	veu.y
At the time of service r was at least to years of age and not a party to this action.     I served copies of:	
a. X summons	
b. X complaint	
c	
d. Civil Case Cover Sheet (served in complex cases only)	
e. cross-complaint	
f. x other (specify documents). Amended Complaint	
3. a. Party served (specify name of party as shown on documents served):	
Maureen McLean, Health Care Manager, PBSP	in the second of
b. X Person (other than the party in item 3a) served on behalf of an entity or as an under item 5b on whom substituted service was made) (specify name and relation Griffin, Litigation Office, Pelican Bay State Prison	authorizzéd agent (and not a person tionship to the party named in item 3a):
4. Address where the party was served: 5905 Lake Earl Drive (PBSP)	
Crescent City, CA 95531  5. I served the party (check proper box)	A Mark Strategy and the Control of t
I served the party (check proper box)     a	the complete and the control of the
a: 1	e the party dispersion authorized so. (2) at (time)
	elithesdocuments/listed in item 2 with or
in the presence of (name and title or relationship to person indicated in tem	
(1)- X (business):a person at least 18 years of age apparently in charg	e autheroffice or usual place of business
of the person to be served: I informed him or her of the general n	
(2) (home) a competent member of the household (at least 18 years place of abode of the party. I informed him or her of the general is	orage) arme owelling nouse or usual analyse of the papers.
(3) [ (physical address unknown) a person at least 18 years of age address of the person to be served, other than a United States F him or her of the general nature of the papers.	apparently in charge at the usual mailing ostal Service post office box. I informed
(4) X I thereafter mailed (by first-class, postage prepaid) copies of the at the place where the copies were left (Code Civ. Proc., § 415.2 (date): .03/13/08 from (city): Crescent City, CA or	20). I mailed the documents on
(5) X l attach a declaration of diligence stating actions taken first to	

PLAINTIFF/PETITIONER: Timothy &	E NÚMBER:
L	CVPI07-1026
Tobolt Holor, of a	
5. c. by mail and acknowledgment of receipt of service. I mailed the doc	cuments listed in item 2 to the narty to the
address shown in item 4, by first-class mail, postage prepaid,	2 (0 110 point), to 110
(1) on (date): (2) from (alt	y) - Committee of the special control of
(3) with two copies of the Notice and Acknowledgment of Recei	
to me. (Attach completed Notice and Acknowledgement of	Receipt.) (Code Civ. Proc., § 415.30.)
(4) to an address outside California with return receipt requeste	ed. (Code Civ. Proc., § 415.40.)
d. by other means (specify means of service and authorizing code section	э <b>п):</b>
Additional page describing service is attached.	PRESIDENCE OF THE PROPERTY OF
6. The "Notice to the Person Served" (on the summons) was completed as follows:	
a. X as an individual defendant.	
b. as the person sued under the fictitious name of (specify):	
c. as occupant.	
d. On behalf of (specify):	
under the following Code of Civil Procedure section:	
	business.organization, form unknown).
	ward or conservatee)
	authorized person)
	occupant)
7. Person who served papers	
a. Name: Melanie Barry, Deputy Sheriff	
b. Address: 650 Fifth Street, Crescent City, CA 95531	T Section 1.
c. Telephone number, 707 464-4191	The state of the s
d. The fee for service was: \$ Fee Waiver	
e. lam:	The state of the s
(1) not a registered California process server.  (2) X exempt from registration under Business and Professions Code se	AHAN 20250(N)
(3) a registered California process; server	
(i) owner employee independent contracto	
(ii) Registration No:	
(iii) County.	
8 Ideclare under penalty of penjury under the laws of the State of California	that the foregoing is true and correct.
Or	
0》 区域 Jam a California sheriff or marshal and I certify that the foregoing is true	and correct.
Date: 03/12/08	
Melanic Barry: Deputy Sheriff	Margarita de la Caración de la Carac
(NAME OF PERSON WHO SERVED PAPERS/SHERIFF OR MARSHAL)	STATE STATE SIGNATURES
and the second transfer of the second transfer of the second of the seco	AND AND THE PARTY

	PO\$-01
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name)  Timothy J. Cook, E-40919  P.O. Box 7500, iD4206	FOR COURT USE ONLY
Pelican Bay State Prison, Crescent City, CA 95532	
TELEPHONE NO.: FAX NO. (Optional):	
E-MAIL ADDRESS, (Optional): In Pro Per, Plaintiff	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Del Norte STREET ADDRESS: 450 "H" Street, Room 209	
MATENIS ADDRESS: SAIDE:	
CITY AND ZIP CODE: Crescent City, 95531  BRANCH NAME: 4 0:	
PLAINTIFF/PETITIONER: Timothy Cook	CASE NUMBER:
DEFENDANT/RESPONDENT: Robert Horel, et al	CVPI07-1026
PROOF OF SERVICE OF SUMMONS (Amended)	Ref. No. or File No.: 07-1635
(Separate proof of service is required for each party se	rved.)
1. At the time of service I was at least 18 years of age and not a party to this action.	
2. I served copies of:	
a. X summons	the first transfer has been been a first to be a first
b. X complaint	A AND A STATE OF
c	
d. Civil Case Cover Sheet (served in complex cases only)	A STATE OF THE STA
e cross-complaint  f other (specify documents): Amended Complaint	
3. a. Party served (specify name of party as shown on documents served):	
Michael Clifton Sayre, Chief Medical Officer, PBSP	The state of the s
b. X Person (other than the party in item 3a) served on behalf of an entity or as an under item 5b on whom substituted service was made) (specify name and relation Office, Pelican Bay State Prison	authorized agent (and not a person ationship to the party named in item 3a):
4. Address where the party was served: 5905 Lake Earl Drive (PBSP)	
Grescent City; CA 9551  5. I served the party <i>(check proper box)</i> a by personal service: spersonally delivered the documents distendinate in 2	iothe-partylor person-authorized to
	(2)°at (tm'e)
b. 区域:by:substituted service: On (nate): 1月/30/07 at (nine): 3:00 pm に	
in the presence of (name and title or relationship to person indicated in flem	
(1) X (business) a person at least 18 years of age apparently in charc	
of the person to be served. I informed him or her of the general r	
(at least 18 year place of the household (at least 18 year place of abode of the party. I informed him or her of the general	
(3) (physical address unknown) a person at least 18 years of age	실어 회사 설계 전 제 · ·
address of the person to be served; other than a United States F	
(4) X I thereafter mailed (by first-class, postage prepaid) copies of the at the place where the copies were left (Code Civ. Proc., § 415.2	
(date): 03/13/08 from (city): Crescent City, CA or	a declaration of mailing is attached.
(5) X I attach a declaration of diligence stating actions taken first to	attempt personal service.

PLAINTIFF/PETITIONER: Timothy k		Ë MUMBER:
<u>-</u> >		CVPI07-1026
DEFENDANT/RESPONDENT: Robert Horel, et al		C V I 107-1020
5. c. by mail and acknowledgment of receipt of servi	ce. I mailed the documents I	listed in item 2 to the party, to the
(1) on (date):	(2) from (c/ty):	
(3) with two copies of the Notice and Acknow to me. (Attach completed Notice and Ac	<i>meagment of Receipt</i> and a knowledgement of Receipt I	Proc. 6 415 30 )
(4) to an address outside California with reti	um receipt requested. (Cod	Civ. Proc., § 415.40.):
d. by other means (specify means of service and aut	fhorizina code section(* ' : '	The second of th
u z, care mana (apam) mana en como ana am		
Additional page describing service is attached.		
R The "Nation to the Borron Contad" (on the summand) was son	plated on follows	
<ol> <li>The "Notice to the Person Served" (on the summons) was community.</li> <li>a. X. as an individual defendant:</li> </ol>	ipieleu as follows:	
b. as the person sued under the fictitious name of (sp	ecify):	
c. as occupant.		
d. On behalf of (specify):		
under the following Code of Civil Procedure section	<u> </u>	
416.10 (corporation) 416.20 (defunct corporation)	415.95 (business 416,60 (minor)	organization, form unknown)
416.30 (joint stock company/associati		conservatee)
416:40 (association or partnership)	416.90 (authorize	ed person)
416.50 (public entity)	415.46 (occupant	A Same of the second
7. Person who served papers	other:	
a. Name: Melanie Barry, Deputy Sheriff	0.1	
<ul> <li>b. Address: 650 Fifth Street, Crescent City, CA 955</li> <li>c. Telephone number: 707 464 4191</li> </ul>	31	The second second second
d. The fee for service was: \$ Fee Waiver		
e. Lam:		
(1)not a registered California process server.		
(2) x exempt from registration under Business and P	rofessions Gode section 223	3 <b>50(b)</b> .
(3) a registered California process server. (i) bwna amployee ind		
(ii) Registration No.:	epenaent contractor	
(iii) County:		
8 I declare under penalty of perjuty under the laws of the	State of California that the f	pregoing is true and correct
or: 9: X (ama California sheriff or marshal and ) certify that		
	negoregorighs true and con	received the second sec
Date: 03/12/08		
WATER STATE OF THE PROPERTY OF THE STATE OF	· Telling & Theorem and	
Melanie Batty: Deputy Sheriff: (NAME OF PERSON WHO SERVED PAPERSISHERIFF OR MARSHAL)		(SIGNATURE)
	anala si na ma adam Sa sa a a a a ma adam	
The state of the s		
	्राच्या है। जिल्लाहरू	

		···			POS-	010
ŀ	ATTORNEY ON PARTY WITHOUT ATTORNEY, Mans. I riumber, and sadress): Timothy J. Cook, E-40919 P.O. Box 7500, D4-206.	T.	Sept.	FOR COURT USE ON	44	
	Polican Bay State-Prison, Crescent City, CA 95532	] #	1797 - 3			
	TELEPHONE NO.: FAX NO. (Optional):					
	ATTORNEY FOR (Name): In Pro Per, Plaintiff	- i :	.ç			
	SUPERIOR COURT OF CALIFORNIA, COUNTY OF DEL Norte STREET ADDRESS: 450 "H" Street, Room 209			•		
	CITY AND ZIP CODE: Croscont City, 95531  BRANCH NAME:					
	PLAINTIFF/PETITIONER: Timothy Cook	CASE	NUMBER:	Sh.		
D	EFENDANT/RESPONDENT: Robert Horel, et al			CVPI07-102	6	
	PROOF OF SERVICE OF SUMMONS (Amended)	Ref. N	o. or File No			
	(Separate proof of service is required for each party se	rved.)	,,,		:	
1.	At the time of service I was at least 18 years of age and not a party to this action.	•	• ***		-	
2.	I served copies of:					
٠	a. X summons		y,	n – Valentinasia		•
•	b. X complaint					
•	c. (Aw:Alternative Dispute Resolution (ADR) package		S		٠.	
	d. Civil Case Cover Sheet (served in complex cases only)		14.7.			
•	e cross-complaint	•• •	NO			
. •	f. x other (specify documents): Amended Complaint					
٠.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•	٠			
3.	a. Party served (specify name of party as shown on documents served):			erikani.		
•	Sue Ellen Risenhoover, Family Nurse Practitioner, PBSP	•			Salah Salah	
; ;	b. X Person (other than the party in item 3a) served on behalf of an entity or as an under item 5b on whom substituted service was made) (specify name and referring Griffin, Litigation Office, Pelican Bay State Prison	autho ationsi	rized ac h <i>ip</i> to th	jent (and not a e party named	person in item 3a):	
4	Address where the party was served: 5905 Lake Earl Drive (PBSP)  Crescent City, CA 95531					م در
5	I served the party (check proper box)					ingin Bakk
	a: by personal service. The somally delivered the documents listed in them 2 feceive service of process for the party. (1) on (date)	F-17-12-12-12-12-12-12-12-12-12-12-12-12-12-	party or L <i>ybol</i> e)	person authori	zed to	
	b: X by substituted service On (date): LV30/07 at (time): 3:00 pm 4	100		eats listed in ste	m 2 with or	
	in the presence of (name and title or relationship to person indicated in sten					
j.:	(1) 🕱 (business) a person at least 18 years of age apparently in char of the person to be served. I informed him or her of the general	The state of the s		the second secon	of business	Š
·)	(2) (home) a competent member of the household (at least 18 year place of abode of the party: I informed him or her of the general	s of ac	je) at the	e dwelling hous	e or usual	
	(3) (physical address unknown) a person at least 18 years of age address of the person to be served, other than a United States that are a united States to the papers.	appai	ently in	charge at the u		
	(4) X I thereafter mailed (by first-class, postage prepaid) copies of the at the place where the copies were left (Code Civ. Proc., § 415. (date): 03/13/08 from (city): Crescent City, CA or [	20).ir	nailed th declarat	ne documents of ion of mailing is	n .	
	(5) X I attach a declaration of diligence stating actions taken first to	attem	pt perso	nal service.	_	

PLAINTIFF PETITIONER: Timothy bk	JE NUMBÉR.
	CVPI07-1026
22 Eta attitudo otto Ett. Robott Hotol, et al	
5. c. by mail and acknowledgment of receipt of servadoress shown in item 4, by first-class mail, posta	vice. I mailed the documents listed in item 2 to the party, to the
(1) on (date):	(2) from (alty):
(3) with two copies of the Notice and Acknowledge	owledgment of Receipt and a postage-paid return envelope addresse
	Acknowledgement of Receipt.) (Code Civ. Proc.; § 415:30.) etum receipt requested. (Code Civ. Proc., § 415.40.)
d by other means (specify means of service and a	uthorizing code section).
Additional page describing service is attached.	
	and the contract of the second
<ol> <li>The "Notice to the Person Served" (on the summons) was confident.</li> <li>as an individual defendant.</li> </ol>	impleted as follows:
b. as the person sued under the fictitious marile of (s	specify):
c as occupant. d On behalf of (specify):	
under the following Code of Civil Procedure section	on:
416.10 (corporation)	415.95 (business organization, form unknown)
416.20 (defunct corporation)	416.60 (minor)
416.30 (joint stock company/associa	
416.40 (association or partnership)	416.90 (authorized person)
416.50 (public entity)	415.46 (occupant)
	other:
7. Person who served papers a. Name: Melanie Barry, Deputy Sheriff	
b. Address: 650 Fifth Street, Crescent City, CA 95	:521
c. Telephone number: 707.464-4191	D31
d. The fee for service was: \$ Fee Waiver	
e. lam:	
	the second of the second second second
(1) not a registered California process server. (2) x exempt from registration under Business and	Professions Code section 22350(b)
(3) a registered California process server	
(I) OWNER semployee sin	depandent contractor
(ii) Registration No.	
(iii) County	
Ideclare undernegative finegring under the laws of the	eState of California that the foregoing is true and correct
	a-Surger Surger Control of Contro
or	
9. X I am a California sheriff or marshal and I certify tha	it the foregoing is true and correct.
Date: 03/12/08	
Materia Danier Transcrottester	Charles the Thomas
(NAME OF PERSON WHO SERVED PAPERS/SHERIFF OR MARSHAL)	SIGNATURE (1941)
	to the same of
	ga tha 1990 ann an tha a' ghaill ann an tha 1990. Bhí an mainte agus an aige air an tar ann an tagaill ann an tagaill an tagaill an tagaill an tagaill an tagail
	region in the same with the same of the sa

	POS-01
ATTORNEY OR PARTY WITHOUT ATTORNEY (Nature of number, and address):  Timothy J. Cook, E-40919  P.O. Box 7590, D44206	LOS CONEL TRE ONLY
Pelican Bay State Prison, Crescent City, CA 95532	ration of the second second second second
TELEPHONE NO.: FAX NO. (Optional):	
E-MAIL ADDRESS (Options) Of 1859. 12 disc 2 dr - 140 days 12 dr - 150 days	19th 19th 18th
ATTORNEY FOR (Name): In Pro Per, Plaintiff	9 80
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Del Norte STREET ADDRESS: 450 "H" Street, Room 209	
MALLING RODRESS SATTICE TO STATE OF THE STATE OF THE SATTICE OF TH	
CITY AND ZIRCODE Croscent City, 95531  BRANCH NAME	
PLAINTIFF/PETITIONER: Timothy Cook	CÁSE NUMBÉR: " (0)
DEFENDANT/RESPONDENT: Robert Horel, et al	CVP107-1026
PROOF OF SERVICE OF SUMMONS (Amenided)	Ref. No. or File No.: 07-1635
(Separate proof of service is required for each party ser	ved.)
1. At the time of service I was at least 18 years of age and not a party to this action.	
2. I served copies of:	
a. X summons	er e
b. X complaint	The second of th
d. Civil Case Cover Sheet (served in complex cases only)	
e. cross-complaint	
f. x other (specify documents): Amended Complaint	
3. a. Party served (specify name of party as shown on documents served):	
C.D. Worch, Medical Appeals Tracking Program Analyst, PBSP	on the Control of the
b. X Person (other than the party in item 3a) served on behalf of an entity or as an under item 5b on whom substituted service was made) (specify name and relation Office, Pelican Bay State Prison	authorized agent (and not a person tionship to the party named in them 3a):
4. Address where the party was served: 5905 Lake Earl Drive (PBSP)	
CHARLES CAN OS SOL	
a. by personal service: Lipersonally delivered the documents listed in item 2 in	othe party or person authorized to.
	(2) autime)
b. $oxed{X}$ by substituted services on (date) = $11/30/0\%$ , at (time) 3000 pm; Fig.	
nrthe presence of (name and title or relationship to person undicated matem	3).
(1) X (business) a personat least 16 years of age apparently in charge	
of the person to be served it informed him of her of the general m	ature of the papers
(2) (home) a competent member of the household (at least 18 years place of abode of the party. I informed him or her of the general n	of age) at the dwelling house or usual attre of the namers
(3) (physical address unknown) a person at least 18 years of age address of the person to be served, other than a United States P.	apparently in charge at the usual mailing
him or her of the general nature of the papers.	
(4) X I thereafter mailed (by first-class, postage prepaid) copies of the at the place where the copies were left (Code Civ. Proc., § 415.2	documents to the person to be served.  O) I mailed the documents on
(date): 03/13/08 from (city): Crescent City, CA or	a declaration of mailing is attached.
(5) X I attach a declaration of diligence stating actions taken first to a	iffemot personal service

PLAINTIF	PETTIÖNER: Tin	nothy bk		(	SÉ NUMBÉR	
DEFENDANT/F	RESPONDENT: Rol	ert Horel, et al	·		CVPI0	7-1026
5. c.		owledgment of rece tem 4, by first-class r			s listed in item 2 to the	party, to the
	to me.	Attach completed No	and Acknowledgme	gement of Receip	a postage-paid return 1/(Code Civ. Prec.; § de Civ. Proc., § 415.4	415.30.)
d. 🗀	by other means (	pecify means of sen	rice and authorizing	code section):	Service of the servic	
	Additional page de	scribing service is att	ached			
6. The "Notice a. X. b.	as an individual de	ved" (on the summor fendant. I under the fictitions		s föllows:		
c	as occupant. On behalf of (spec					
	☐ 416. ☐ 416.: - ☐ 416.: ☐ 416.	10 (corporation) 20 (defunct corporation) 30 (joint stock compa 40 (association or par 50 (public entity)	on) ny/association)	415.95 (busine 416.60 (minor) 416.70 (ward of 416.90 (author) 415.46 (occupa	r conservatee) zed person)	ınkaown)
a. Name b. Addre c. Telepi			, CA 95531	] .other:		
e. lam:	not a registere	d California process gistration under Bus	iness and Professio	is Code section 2	2850(b).	
	とうして、日本できるとのできるというというというというというと	CONTROL OF THE PARTY OF THE PAR	the later with the same will be to be a supplied to the same and			
or			17 X		eforegoing is true and	conect
Date: 03/12/	n a California she '08	iffiormarshal and I	certify that the foreg			
	Melanie Barry, I	eputy Steriff  Persisheriff or marsh	તાં કેસ્પુંક પાત્ર 🚁 🕽		citi / Time	(BL)

	POS-01
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name) In number, and address): Timothy J. Cook, E-40919 P.O. Box 7560; D4-206	FOR COUNT USE ONLY
Pelican Bay State Prison, Crescent City, CA 95532	
TELEPHONE NO.: FAX NO. (Optional):	
ATTORNEY FOR (Name): In Pro Per, Plaintiff	1 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Del Norte STREET ADDRESS: 450 "H" Street, Room 209	
CITY AND ZER GODE: Crescent City, 95531	
PLAINTIFF/PETITIONER: Timothy Cook	CASE NUMBER:
DEFENDANT/RESPONDENT: Robert Horel, et al	CVPI07-1026
PROOF OF SERVICE OF SUMMONS (Amended)	Ref. No. or File No.: 07-1635
(Separate proof of service is required for each party se	erved,)
1. At the time of service I was at least 18 years of age and not a party to this action.	
2. I served copies of:	
a. X summons	and the state of t
b. X complaint	A Comment of the state of the s
c. ☐ः Alternative Dispute Resolution (ADR) package	St
d. Civil Case Cover Sheet (served in complex cases only)	
e. cross-complaint	
f. x other (specify documents): Amended Complaint	
	The property of the service of the
A. Thacker, CHSA, PBSP	A state of the first of the second of
b. X Person (other than the party in item 3a) served on behalf of an entity or as an under item 5b on whom substituted service was made) (specify name and referring Griffin, Litigation Office, Pelican Bay State Prison	authorized agent (and not a person lationship to the party named in them 3a):
4. Address where the party was served: 5905 Lake Earl Drive (PBSP)	
Crescent City, CA-95531	
<ol> <li>I served the party (check proper box):</li> <li>a by personal service: I personal velocities and by personal service: I personal velocities and by personal service.</li> </ol>	to the many, or person authorized to.
receive:service:of-process/forthe party_(4)-on-(gate)	-(2)at( <i>tint</i> ):
b   <u>X</u>   by substituted service on (date) = 1/30/07 = at (time) ≥ 1/0 pm	
in the presence of (name and title or relationship to person indicated in item	
(1) X (business) a person at least 18 years of age apparently in char of the person to be served. I informed him of her of the general	The state of the s
(2) [nome] a competent member of the household (at least 18 year place of abode of the party. I informed him or her of the general	POR DE POPULAÇÃO DE LA PROPOSITA DE PORTO DE LA CONTRA DEL CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DEL CONTRA DE
(3) (physical address unknown) a person at least 18 years of age address of the person to be served, other than a United States him or her of the general nature of the papers.	
(4) X I thereafter mailed (by first-class, postage prepaid) copies of the at the place where the copies were left (Code Civ. Proc., § 415.	20). I mailed the documents on
(date): 03/13/08 from (city): Crescent City, CA or (5) X I attach a declaration of diligence stating actions taken first to	• • • • • • • • • • • • • • • • • • • •
	Page 10

Form Adopted for Mandatory Use , Judicial Council of California POS-019 [Rev. January 1, 2007]

L	F/PETITIONER:					E NUM	CVP107-1026
DEFENDANT	RESPONDENT:	Robert Horel, et	; <u>al</u>			<u> </u>	
5. c		ncknowledgment of m in item 4, by first-o				ents listed in	item 2 to the party, to the
	(1) on (date):	• •		• .	from (chy).		Commence Control
	to	n two copies of the A me. <i>(Attach complet</i> an address outside C	ed Notice and	i Acknowledge	ment of Rec	eipt.j (Code	-paid retum envelope addres Cit.: Prac.; § 415:30.) roc., § 415.40.)
d	by other mea	I <b>ns (specify means</b> d	of service and	authorizing co	de section):		
					· .	- F.	5
. 🗆	****** * * *	e describing service				अक्राप <sup>े</sup> क	C.F.
6. The "Noti	ce to the Person as an individu	n Served" (on the sur ral defendant:	mmons) was	completed as t	ollows:		
b		sued under the ficti	tious name of	(specify):			
c	as occupant. On behalf of	specify):					
		owing Code of Civil I	Procedure se	ction:	•		
		416.10 (corporation)	) <sup>:</sup>		415.95 (bus	iness organi	zation, form unknown)
		416.20 (defunct corp			416.60 (mino	or)	(
· · · · · · · · · · · · · · · · · · ·		416.30 (joint stock c			416.70 (wan		of the fire
		416.40 (association			416.90 (auth 415. <b>46</b> (occi		on)
• • •		416.50 (public entity	<b>)</b>		other:	арату	
	ho served par		tee				
		arry, Deputy She Street, Crescent		05521	•		
		707 464-4191	i City, CA	1001			The second of the second
		as: \$ Fee Waiver	r				
e. lam							
	oot a regi	stered California pro	ress server				and the second s
(2)		om registration unde		nd Professions	Code sectio	n 22350(b).	
(8)		ed California proces					
		owner emp	iloyee i	independent	ontractor.		
	(iii) Cou						
8   10	leclare under p	analty of penuny und	er the laws o	the State of C	alifornia that	the foregoir	ig is true and correct
OI							
9. X 1/a	im a California	sheriff or marshal	and I certify t	hat the foregoi	ng is true an	d correct.	
Date: 03/12							
		e in other series upon		A-19 - 450 5	ne a greatente	12 m. hr	
		N: Deputy Sherif	<del></del>	an and a straightforward.		the 1	NA HIRE
			1			بالمار	7
			•		· · · · · · · · · · · · · · · · · · ·		

Melanie Barry, Deputy Sheriff

(NAME OF PERSON WHO SERVED PAPERS/SHERIFF OR MARSHAL)

My Marie Bang (192)

----

Note that the state of the stat

THE ACMIENT OF PLANE BY THE POST OF

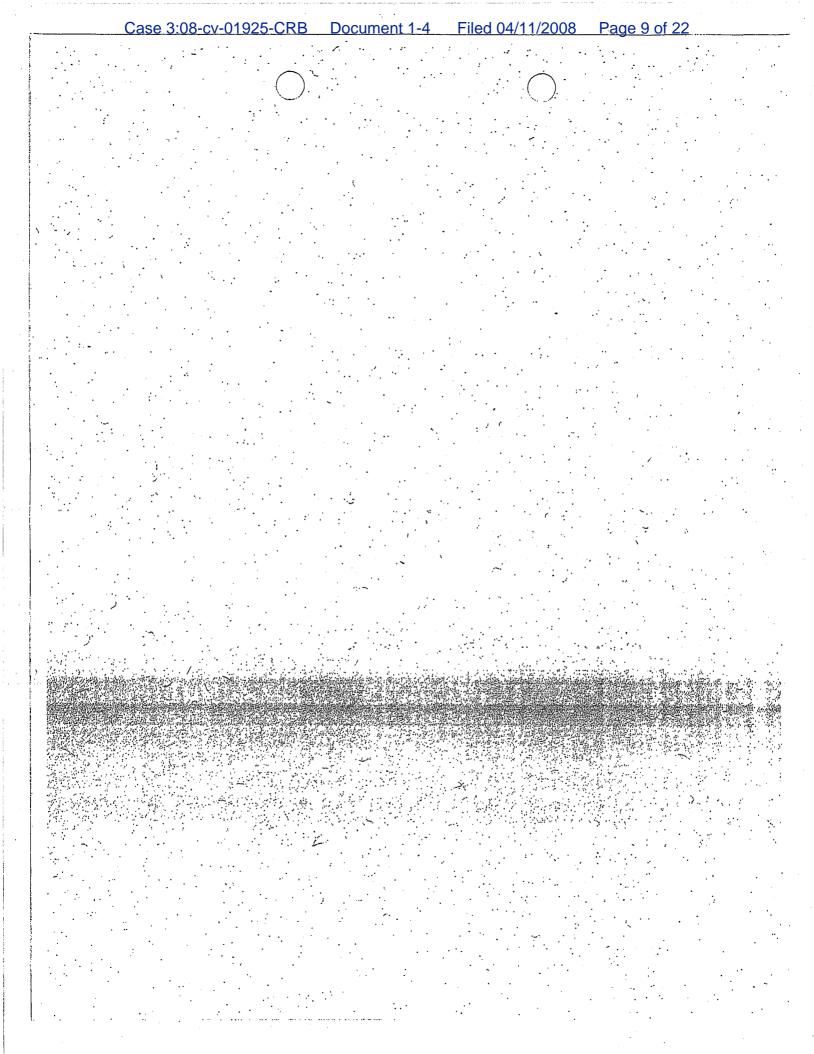
## mended)

# DEL NORTE COUNTY SHERIFF CERTIFICATE OF DILIGENC

•-			ervice note	•		4		. diliaa	4 <b></b>		'. 1	
ser	vice on the	ne defenda	5.20) The tant prior to	the subs	g is a : stitute s	ervice:	y <sub>i</sub> or the	e diligen	. allemp	ots to n	паке р	er
		. : · · .		•	:		•	· .		•		
	· ·		- :		•	,	;	•	•			
	<del></del>				•	<del>:</del>	•	· ,	· · ·	• •	<del> </del>	
	· ·.		. •	····	. ·	<u>/</u> ;						
•		•						• •		÷		
	<del> </del>	•			• •	•			•		· . ·	
· .	•			·		· · · · · · · · · · · · · · · · · · ·	<u> </u>		·			
	Servic — Servic	e post offic	de at this i ce box, in	ndividua the pres	al's usi sence (	ial maili of a pers	ng addi son app	ress oth	er than a	a Unite e. Furt	d State	es. en
	Servic — Servic would	e was made post officible b	de at this i	ndividua the pres s mailin	al's usi sence ( g addi	ial maili of a pers ess is n	ng addi son app ot a pla	ress other parently ace of re	er than a in charg sidence	a Unite e. Furt , this s	d State her atte ubject i	es. em
	Servic — Servic would condu	e was made e post officible b of busines	de at this i ce box, in ecause thi is here and	ndividua the pres s mailin I no oth	al's usi sence ig addi er add	ial maili of a pers ess is n ress is k	ng addr son app ot a pla nown f	ress othe parently ace of re or this in	er than a in charg sidence idividua	unite e. Furt this s I. [CCP	d State her atte ubject 1 415.2	es. em do (do
(A	Servic Servic would condui gency C asonable	e was made post office futile be futile bect busines  CP 416.9 satisfaction	de at this ince box, in secause this here and 00) Prior to the ager	ndividua the pres s mailin I no oth o makin ot',s rela	al's usi sence ig addi er add	ial maili of a pers ess is n ress is k	ng addr son app ot a pla nown f	ress othe parently ace of re or this in	er than a in charg sidence idividua	unite e. Furt this s I. [CCP	d State her atte ubject 1 415.2	es em do 0(d
(A	Servic Servic would condui gency C asonable	e was made post office futile be futile bect busines  CP 416.9 satisfaction	de at this i ce box, in ecause thi	ndividua the pres s mailin I no oth o makin ot',s rela	al's usi sence ig addi er add	ial maili of a pers ess is n ress is k	ng addr son app ot a pla nown f	ress othe parently ace of re or this in	er than a in charg sidence idividua	unite e. Furt this s I. [CCP	d State her atte ubject 1 415.2	es. em do (do
(A	Servic Servic would condui gency C asonable	e was made post office futile be futile bect busines  CP 416.9 satisfaction	de at this ince box, in secause this here and 00) Prior to the ager	ndividua the pres s mailin I no oth o makin ot',s rela	al's usi sence ig addi er add	ial maili of a pers ess is n ress is k	ng addr son app ot a pla nown f	ress othe parently ace of re or this in	er than a in charg sidence idividua	unite e. Furt this s I. [CCP	d State her atte ubject 1 415.2	es en do (()
of	Servic Servic would condui gency C asonable process I	e was made post office be futile be to busines CP 416.9 satisfaction or the defe	de at this ince box, in secause this here and 00) Prior to the ager endant, as	ndividua the pres s mailin I no oth o makin o makin o the	al's usi sence ig addi er add ig sen tionshi	nal mailing far persons is not ress is leading to the	ng addi son app ot a pla nown f the def	ress officered of the control of the	er than a in charg sìdence idividua s agent authoriza	a Unite e. Furt , this s I. [CCP , I esta tion to	d State her atte ubject v 415.2 ablishe receive	es. em do 0(d
of	Service	e was made post office be futile be to busines CP 416.9 satisfaction or the defendance.	de at this ince box, in secause this here and 00) Prior to the ager	ndividua the pres s mailin I no oth o makin o makin o makin follows:	al's usi sence ig addi er add ig sen tionshi	nal mailing far persons is not be to the far persons is left.	ng addi son app ot a pla nown f the def defenda	ress officered of the control of the	er than a in charg sidence dividua s agent authoriza	a Unite e. Furt , this s I. [CCP , I esta tion to	d State her atte ubject 415.2 ablishe receive	endo do 0()

CERTIFICATE OF DILIGENCE/AGENT (CCP:415.20;:416.90)

Service was made on Erin Griffin, Litigation Office, Pelican Bay State Prison.



Case 3:08-cv-01925-CRB Document 1-4 Filed 04/11/2008 Page 10 of 22

EXHIBIT E

	CIV-100
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
Timothy Cook . E40919 P.O. BOX 7500 24-206	
Conscent City Ca-95532	
Pelican Bay State Prison	
TELEPHONE NO.: FAX NO. (Optional):	
E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): Plaintiff In fro fer	
SUPERIOR COURT OF CALIFORNIA COUNTY OF Del Norte	
STREET ADDRESS: 450 H. Street Room 209	
MANUS ADDRESS (SAME)	
CITY AND ZIP CODE Crescent City . Ca. 45531.	
BRANCH NAME:	
PLAINTIFF/PETITIONER: COOK	
DEFENDANT/RESPONDENT: Horel et al.,	
	CASE NUMBER:
REQUEST FOR Entry of Default Clerk's Judgment (Application)	0.00-0-10-1
Court Judgment	CVPI07-1026
1, TO THE CLERK: On the complaint or cross-complaint filed	
a. on (date): March 6.2007 b. by (name): Timothy Cook, EH10919 (Plaintiff)	
b. by (name): 11morny Look) - the control of the E. Risenhood of Enter default of defendant (names); Robert Horel, Suc E. Risenhood	er Maurean Makean
c. V Enter default of defendant (names); Robert Horet, Such a C.D. Worch, Michael C. Sayne	and A. Thacker
d. 1 request a court judgment under Code of Civil Procedure sections 585(b), 585	
d. VI request a court judgment under Code of Civil Procedure Sections 303(0), 300  Robert Horel, Sue E. Risenhor	over Maureen McLean
C.D. Worch, Michael C. Saure	and A. Thucker
(Testimony required. Apply to the clerk for a hearing date, unless the court wil	l enter a judgment on an affidavit under Code
.: Civ. Proc., § 585(d).) e' Enter clerk's judgment	
(1) for restitution of the premises only and issue a writ of execution on t	he judgment. Code of Civil Procedure section
1174(c) does not apply. (Code Civ. Proc., § 1169,)	
Include in the judgment all tenants, subtenants, named claima	nts, and other occupants of the premises. The
Prejudgment Claim of Right to Possession was served in comp 415.46:	Diance with Code of Givil Procedure Section
(2) under Code of Civil Procedure section 585(a). (Complete the declar	ation under Code Civ. Proc., § 585.5 on the
reverse (item 5).)	
(3) for default previously entered on (date):  2 Judgment to be entered Amount Credits ac	knowledg <u>ed</u> <u>Balance</u>
2. Judgment to be circled.	\$ 25,000
a. Demand of complaint	
(1) Special \$	
(2) General : \$	\$
c. Interest\$	•
d. Costs (see reverse) \$ \$ \$ e. Attorney fees \$	Ψ <b>!</b> \$
f. TOTALS \$ 25,000 \$	9 \$ 25,000
	er day beginning (date):
g. Daily damages were demanded in complaint at the rate of: \$ po	er day beginning (date).
	r
3. (Check if filed in an unlawful detainer case) Legal document assistant or unlaw the reverse (complete item 4).	Tui detainer assistant information is on
Date: 1/2/2008	DA DO
Time of hy Cool	TED LOSSIE PO PO PO PLAINTIFF)
	GENERALITE ON ALTONNEL FOR FLANTIFF)
Default entered as requested on (date):	
(2) Default NOT entered as requested (state reason):  FOR COURT	
USE ONLY Clerk, by	, Deputy

			_	CIV-100
, =, , ,	ook		CASE NUMBER:	
DEFENDANT/RESPONDENT: H	reletal.		CVPI07-1026	
or unlawful detainer assistant	did . did not	for compensation give advice	0 et seq.). A legal document as e or assistance with this form. unlawful detainer assistant, state	• :
a. Assistant's name:     b. Street address, city, and zit	code:	d. Cou	ephone no.: inty of registration;	
		• •	istration no.:	
		f. Expi	ires on (date):	
This action			default under Code Civ. Proc., §	
b. is is is not on a and F	conditional sales contract su inance Act).	bject to Civ. Code, § 2981 et	to Civ. Code, § 1801 et seq. (Ur seq. (Rees-Levering Motor Veh edit subject to Code Civ. Proc.,	icle Sales
•				8 000/ຄົນ.
6. Declaration of mailing (Code				_1_
			ntiff or plaintiff's attorney (name	• • •
	known address as follows:		fendant's attorney of record or, i and addresses shown on the en	
(1) Maned Ut (usite).		Robert Horel C.D. Worch, I PBSP-Littg	f Sue E Risenhoover, Ma Michael C. Sayre and A.T atton office/5905 Lake b	uween McL hacker
I declare under penalty of perjury u	nder the laws of the State of		At Cal- 9553/ items 4, 5, and 6 are true and c	orrect .
Date: 1/2/2008	othy Cook	1 Somothy t	Joseph Por Rec	
(TYPE OR PRINT	<del></del>	Canal 9	(SIGNATURE OF DECLARANT)	
7. Memorandum of costs (require § 1033.5): a. Clerk's filling fees b. Process server's fees	\$ WAIV	ed rd		)C.,
c. Other (specify):	\$ legal	document photocopyin	g services	• • • •
d. e. TOTAL	\$ <u>/5</u>	document photoeopyin b. <u>Fo</u> (Ex:D)		
f. Costs and disburseme	nts are waived.			
correct and these costs were	necessarily incurred in this	case.	e and belief this memorandum	of costs is
I declare under penalty of perjury under 1/2/2008	nder the laws of the State of	California that the foregoing i	is true and correct.	
Timo	thy Cook	I for other	Cook	•
(TYPE OR PRINT	NAME)	<del></del>	(SIGNATURE OF DECLARANT)	
			ned in item 1c of the applications and the second second in item 1c of the application and the second second in items and the second se	
I declare under penalty of perjury under 1/2/2008	of the laws of the State of St	California that the foregoing	is true and correct.	
(TYPE OR PRINT	NAME) 7		(SIGNATURE OF DECLARANT)	

		JUD-10
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name ) ar number, and address):	FORCA	DURT USE ONLY
P.O. Box 7500 D4-206		•
Chescent City, Ca. 95582	·	٠.
TELEPHONE NO. Pelican Buy State Prison FAX NO. (Optional):	1	· · · · ·
E-MAIL ADDRESS (Optional):		
ATTORNEY FOR (Name): Plaintiff - In fro fer.		
SUPERIOR COURT OF CALIFORNIA COUNTY OF Del Norte		
STREET ADDRESS: 450 H. Street Room ZOA-		;
MAILING ADDRESS: (Same) CITY AND ZIP CODE: CITYSCENT CITY, Ca. 45532		٠.
BRANCH NAME:		
PLAINTIFF: COOK		
<b>∀</b> -		
DEFENDANT: Horel, et a		· .
JUDGMENT	CASE NUMBER:	
	er Court Trial	
	endant Did Not	
	and and Turing	τό <sup>5</sup> ο /
	CVILOT	1024
JUDG	MENT	
BY DEFAULT		
a. Defendant was properly served with a copy of the sur	nmons and complaint.	
b. Defendant failed to answer the complaint or appear a		by law.
والمراسية والمراس والم		
		udament of a court of
d. Clerk's Judgment (Code Civ. Proc., § 585(a)).	Defendant was such driving a contract of p	nodilletit of a confit of
this state for the recovery of money.		•
e. Court Judgment (Code Civ. Proc., § 585(b)).	he court considered	
(1) plaintiff's testimony and other evidence	e.	
(2) plaintiffs written declaration (Code C		
The state of the s		•
ON STIPULATION	· · · · · · · · · · · · · · · · · · ·	
a. Plaintiff and defendant agreed (stipulated) that a judg	ment be entered in this case. The court ap	proved the stipulated
judgment and		
b. the signed written stipulation was filed in the ca	se.	
c the stipulation was stated in open court	The supulation was stated on the record.	
AFTER COURT TRIAL. The jury was waived. The cour	considered the evidence.	
a. The case was tried on (date and time):		
beforè (name of judicial officer):		• •
b. Appearances by:		
	Districted attainment.	ama aaabi
Plaintiff (name each):	Plaintiff's attorney (n	ame each;
(1)	(1)	
. (2)	(2)	·
Continued on Attachment 3b.		
Conditated bit? Made into the ob.		* * * * * * * * * * * * * * * * * * * *
	in a tout to attend	
Defendant (name each):	Defendant 's attorne	y (name each):
	(1)	
(1)		
(1)		
(2)	(2)	
(2)		
(2) Continued on Attachment 3b.	(2)	
(2)	(2)	
(2) Continued on Attachment 3b. c. Defendant did not appear at trial. Defendant w	(2) as properly served with notice of trial.	
(2) Continued on Attachment 3b.	(2) as properly served with notice of trial.	ed.

Form Approved for Optional Use Judicial Council of California JUD-100 [New January 1, 2002]

	MC-030
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name; Bar number, and address):	FOR COURT USE ONLY
Timothy Cook, E40919	
P.O. BOX 7500 D4-206	
Conscent City, Ca. 95532	
Polican Bay Stake Prison	
TELEPHONE NO.: FAX NO. (Onlineal):	
E-MAIL ADDRESS (Optional):	
ATTORNEY FOR (Name): Plaintiff - In fro Per	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Del Norte	
STREET ADDRESS: 450 H Street Room 209	
MALING ADDRESS: (Same)	
CITY AND TOP CODE: Chescent City, Ca. 45531	
PLAINTIFFIPETITIONER: CODK	
PETITIONER/RESPONDENT: Horal stal	
PETITIONER/RESPONDENT: Horel, et al.,	CASE NUMBER:
DECLARATION.	
DECLARATION.	CUPI07-1026
Timothyr Cook declares as follows: Brief Summary of My Case: I am suing the warden of Pe	Ircan Bay State Prison, (PBSP)
Robert Horel under vicarious hability and respondent su	perior; PBSP Medical
employees, Sue Ellen Risenhooven, Maureen McLean, C.D. Wi	
A. Thacker for compensatory and punitive damages I sustain	ined November 14th 2005.
(to present) as a result of the depravation of continued	serious medical services, in
the city of Cruscent City, Canfornia.	
The incident was caused by the defendants negligent and	l inappropriate medical services,
mismanagement and intentionally withholding an appeal di	ocument (plaintiffs personal
property) creating a liberty interest under State and Feder	ral Laws.
A true copy of plaintiffs medical data which meets the	
for serious medical services to be provided for inmates	is attached to this declarat
and marked as, Exhibits A-C.	
Declaration In Support of Judgment:	
If sworn as a witness (can testify competently to the facts	stated in this declaration
it sworn as a witness I can restity compenently to the facts	(continued as 3)
I declare under penalty of perjury under the laws of the State of California that the foregoing	ng is true and correct.
Date: 1-2-2008	
Date.	
A LICE	To Sanda
Tern othy Cook Someth	all con the
(TYPE OR PRINT NAME)	BYATURE OF DECLARANT)
Attorney for	Plaintiff  Petitioner  Defendant
∴ Respondent ∟	Other (Specify): Pro Pen

Form Approved for Optional Us Judicial Council of California MC-030 [Rev. July 1, 2005]

DECLARATION

American LegalNel, Inc. www.USCourtForms.com

•	. `	•		•		· · · · ·		 ·	<u></u>	·::	1		MC-03
	n	PLAINTIF	F/PETITI	ONER:	coo.	<del></del>		 •		CASE NUI	MBER:		
					Horel.		- •			CVI	T07-	1026	

### DECLARATION

(This form must be attached to another form or court paper before it can be filed in court.)

All of the matters stated herein are of my own personal Knowbedge. Each of the original documents attached hereto as, Exhibits A-C were personally recieved by me through the institutions mail system subsequent to a Medical Health Records Review. As lindicate in (Ex: A) I show an enequivical support of medical data which meets CDCR's minimum standard criticia, pursuant to 15 CCR \$ 3350 of seq., in order for an inmate to recieve serious medical services.

In this case I have shown material facts that all defendants, bess, Robert Horel, established a personal interaction with me when they partook to assessing my medical needs, whether directly and for indirectly through the 602/appeal reviews. In doing so, their insufficient, ineffective and negligibility assessments and/or reviews contribute to the deprivation of continued appropriate and necessary, serious medical services, and protected constitutional rights.

The withholding of my appeal undercuts my ability to provide a substantial basis and to proffer evidence in support of the subsequent appeal I filed; Nov. 27, 2005 log # DOB-00091 (Ex: C) in complaint; furthermore, undermining this courts ability to access the legitamacy of my contentions.

The pain and suffering I experience is origing and not resolved. My corried and lumbo-sacral spine injuries, significantly hinder me from doing normal exercises that I use to do in order to maintain a healthy lifestype. I have trouble sheeping and lan constantly aggrovated by the pain and suffering I experience, every day that in deprived serious medical services.

I don't have the ability to act on my own behalf to seek appropriate medical services. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct (continued pg.3)—r

. ×		•	Tu	nother	CooK	· ·	•	Temother Cook	
		•	Œ	YPE OR PRINT	NAME)			SKNATURE OF DECLARANT)	
				•				Attorney for Plaintiff Petitioner	Defendant
	4.	:		•				□ Respondent □ Other (Specify): Pro	Per

Form Approved for Optional Use Judicial Council of California MC-031 [Rev. July 1, 2005]

ATTACHED DECLARATION

20f3

American LegalNet, Inc. www.USCourtForms.com

6				MC-031
PLAINTIFFIPETITIONER	: C00K		CASE NUMBER:	·. ;
DEFENDANT/RESPONDENT	Horel, et al.	 ·	CVPI07-1026	

#### DECLARATION

(This form must be attached to another form or court paper before it can be filed in court.)

Thus, relying on the prisons Medical Department Employees to help me with my serious invedial needs; which have been slim to nothing resulting in more pain and suffering.

I have given all defendant to this case ample opprotunity to file an answer and/or some other type of legal document, (within the Statewide Rules of Court 60 day time limitations), by having my friend Travis Wood, CDCR J67560 mail the Complaint/Summons, using a Notice and Acknowledgement of Reciept-Civil form, in which, the original forms and the Woods declaration should be on tile with your court, resulting in no response from the dufundants.

This lawsuit has been trying for me, being a layperson, and I believe the defendants are using [that] to make me go through the haste of case-law research and other hegal research to try to determe from pursuing this case any further. In hoping to resolve this case as soon as possible and gain some type of relief.

I be here lan entitled to the relief prayed for, and bared on the facts I have presented ! do believe a judge Jury will rule in my favor it a trial was to ensue.

Date: 1-2-200	f perjury under the laws of the		and the following to the	ariq ooridon		•
	othy GoK		Limotheelpo	h		
	E OR PRINT NAME)		(SIGNATURE OF			•
	•	□ `A	ttorney for Plaintiff	· 🔲 Petitioner	Defendant	
		□ R	Respondent Other (S	Specify): fro 1	Per	
m Approved for Optional Use	ATTA	ACHED DECLARA	TION		1 304	3

EXHIBIT 66 A 22 (Medical Reports)



## NEUROLOGY CONSULTATION

LARRY J. MAUKONEN, M.D.

NAME:

COOK, TIMOTHY

CDC#:

E40919

DATE:

01/18/2005

DOB:

03/05/1965

CHIEF COMPLAINT:

The patient is seen in consultation on 01/18/2005 in the

neurology specialty clinic.

HISTORY: The patient is having problems with increasing neck pain and some dysesthesias into his left hand. The patient states that his neck has slowly gotten worse over the years. He is having problems with pain in is neck. He also has numbness and tingling in the left thumb and index finger. He has had some mild weakness in his biceps and deltoid area on the left. His major complaint though is his increasing pain. He states he was on Neurontin and this seemed to help but was stopped, he is not sure why. The patient is currently getting physical therapy and is into his second week. Initially this did not seem to help but today he felt better after treatment. He is doing neck exercises. He is currently on no medications.

PAST MEDICAL HISTORY: The patient was in a motorcycle accident in 1989 with multiple injuries including his neck. He first began having symptoms in his left upper arm after a cell extraction in 1999.

## PHYSICAL EXAMINATION:

HEENT: Extraocular motion is full range. No nystagmus is present. There is no facial asymmetry and normal movement of his face is present. Speech is normal.

NECK: On forward flexion he can touch his chin to his chest, extension is to about 30° with neck pain. Right and left lateral flexion causes lower neck pain as does Spurling test. No radicular pain is produced.

HEART: Has a normal sinus rhythm at 68.

LUNGS: Clear. There are no carotid or supraclavicular bruits present.

EXTREMITIES: Motor exam reveals 5/5 strength on individual muscle testing in the upper extremities. Fine movements are normal. He has slight decreased sensation over the radial aspect of the left thumb, index finger and radial aspect of his hand and forearm. Sensation is otherwise normal over his extremities.

NEURO: Gait is normal. Romberg is negative.

REFLEXES: Deep tendon reflexes are +2 at the biceps, brachial radialis and knees, +1 at the triceps and ankles.

NAME: COOK, TIMOTHY CDC: E40919 DOB: 03/05/1965

STUDIES:

MRI report reveals osteophyte projections to the left at C4-5 and

C5-6 with some narrowing of the foramina.

IMPRESSION:

SPONDYLOSIS CERVICAL

RADICULOPATHY.

The patient is improving with therapy and would recommend. PLAN: continued conservative therapy with physical therapy, exercise and heat. Also, he may benefit from the use of anti-inflammatory agents, muscle relaxants and/or nerve pain agents such as tricyclics or Neurontin. He is to return to the clinic on a p.r.n. basis. If he worsens, he might benefit from having EMGs and nerve conduction studies done to try to further localize this problem.

LARKY J. MAUKONEN, M.D.

d: 01/18/05 Job #1265

t 01/18/05.dlk

cc: D Clinic

DOB: 03/05/1965 NAME: COOK, TIMOTHY

SUTTER COAST HOSPITAL 800 EAST WASHINGTON BLVT CRESCENT CITY, CA 95531

### RADIOLOGY REPORT

Patient Name: CDC, E40919

MRN:

14-66-12

DOB:

03/05/1965

Ordering MD: Dwight Winston

Study Date:

11/22/2004

### MRI CERVICAL SPINE

LEFT Thumb and ind Fina

HISTORY: Clavicular pain with right thumb and index funger numbness

Two ner within Bones of stuly

SEOUENCES: Sagittal and axial T1 and T2 weighted sequences were performed.

FINDINGS: The cord is unremarkable without any evidence of abnormal signal or mass formation. There is no downward displacement of the cerebellar tonsils-

At C2-C3 there was no disc protrusion. Facets, lamina and pedicles and neural foramina have a normal appearance. A 0.5 x 0.4 cm focus of T2 prolongation is present along the anterior C3 vertebral body, which probably represents a hemangioma. = livated masses

At C3-C4 there is narrowed intervertebral disc space. There is a diffuse disc protrusion as well as posterior osteophytosis. These compress the anterior aspect of the spinal cord and cause a spinal stenosis at this aspect of the spinal cord related to the posterior osteophyte and disc protrusion. There is a spinal stenosis of this level with the anteriorposterior level diameter of the canal measuring 9 mm. There is some slight eccentricity to the disc and osteophyte complex to the left, narrowing the entry to the left neural foramen. The rest of the left neural foramen is patent. The right neural foramen is patent. Facets are unremarkable.

departing from At C4-C5 there is an eccentric left osteophyte formation and diffuse osteophyte formation as well. There is a narrowed intervertebral disc space. There is a mild disc protrusion. Mild narrowing of the left side of the spinal canal anteriorly related to the osteophyte disc complex as well as mild narrowing of the left neural foramen. The right neural foramen is patent.

A bone island is present along the posterior aspect of the right C5 vertebral body. This measures 8 x 6 mm.

At C5-C6 there is a narrowed intervertebral disc space. There is a prominent posterior osteophyte disc complex eccentric to the left. This narrows the left lateral recess. This

PAGE 2

#### RADIOLOGY REPORT

Patieni Name: CDC, E40919

MRN:

14-66-12

DOB:

03/05/1965

Ordering MD: Dwight Winslow Study Dale:

11/22/2004.

narrows the left neural foramen moderately. The right neural foramen is patent. Facets are unremarkable.

At C6-C7 there is no disc protrusion. Facets, lamina, pedicles and neural foramina have a normal appearance.

At C7-T1 there is no disc protrusion. Facets, lamina, pedicles and neural foramina have a normal appearance.

IMPRESSION: Spondylitic changes with compression of the anterior aspect of the spinal cord at C3-C4 related to a diffuse disc protrusion and osteophyte ridging.

There is moderately severe narrowing of the left lateral recess and compression of the left anterior aspect of the spinal cord and narrowing at the left lateral recess at C5-C6 related to posterior osteophyte disc complex.

At C4-C5 there is narrowing of the anterior CSF space related to osteophyte disc complex.

Sherrie Chatzkel, M.D.

D: 11/22/04

T: 11/29/04

sc/mb



#### X-RAY REPORT

DEPARTMENT OF CORRECTIONS PELICAN BAY STATE PRISON HEALTH CARE SERVICES



NAME: COOK, TIMOTHY: NO. E40919 RM: D6-119 DOB: 03/05/65 DATE: 08/22/0

EXAM REQUESTED:

ICS SPINE

REQUESTING M.D.:

L. ROWE, M.D.

CLINICAL DATA:

HISTORY OF PAIN.

RADIOGRAPHIC REPORT:

I\_S SPINE

Three views are compared to the previous study of 01/26/2000. FINDINGS: Deformity with some bony destruction anterior-superior portion of L4 is stable and may be consistent with osteochondritis or old trauma. Minimal degenerative disk space narrowing at L3-4 is stable. Marginal osteophytes at 14 are noted. No new abnormality is identified.

IMPRESSION:

- STABLE CHRONIC OSTEO CHONDRITIS POSSIBLY RELATED TO OLD TRAUMA ANTERIOR-SUPERIOR PORTION OF L4. NO EVIDENCE FOR PROGRESSION SINCE THE PREVIOUS STUDY THREE YEARS AGO.
- STABLE MILD NARROWING AT THE L3-4 DISK INTERSPACE.

CLINICAL DATA:

HISTORY OF PAIN.

RADIOGRAPHIC REPORT:

CERVICAL SPINE

FINDINGS:

Three views are compared to the previous study of 12/15/1999. Degenerative disk disease at C5-6 with disk space narrowing, end-plate sclerosis and marginal osteophyte

formation is progressive since the previous study. Degenerative changes, possibly secondary to old trauma at C3 are stable. Marginal osteophytes at C4, C5 and C6 are stable. Posterior elements remain

intact. Odontoid is intact.

RADIOLOGIST

DATEREAD

08/26/03

TRANCORIES

#### NAME: COOK, TIMOTHY NO. E40919 RM: D6-119 DOB: 03/05/65 DATE: 08/22/03

IMPRESSION

- 1. PROGRESSIVE DEGENERATIVE DISK DISEASE AT C5-6.
- 2. MODERATE DEGENERATIVE CHANGES NOTED ANTERIORLY AT C3 THROUGH C6, WHICH OTHERWISE APPEAR STABLE WHEN COMPARED TO THE PREVIOUS EXAM (OTHER THAN THE C5-6 DISK LEVEL).
- 3. FOLLOW-UP RECOMMENDED AS CLINICALLY INDICATED.

CLINICAL DATA:

HISTORY OF PAIN.

RADIOGRAPHIC REPORT:

RIGHT KNEE

FINDINGS:

Two views reveal no evidence for fracture or bony malalignment.

Joint spaces and soft tissues are intact.

IMPRESSION:

1. NO SIGNIFICANT ABNORMALITY RADIOGRAPHICALLY.

2. FOLLOW-UP RECOMMENDED AS CLINICALLY INDICATED.

NUMBER	CDC
7	Ţ
(	600

X-RAY REQUEST REPORT FORM
Institution: CCI PLEASE PRINT OR TYPE
NAME: OTO A NUMBER: E40919 UNIT: 4A  AGE: 34 DOB.3:5:65 HOUSING: 73 PREVIOUS X-RAYS YES NO
X-RAY EXAM REQUESTED: To Spine - L. Spin ORDERING (M.D. M. D. C. R. M. M. T. L.
CLINICAL HISTORY: Old Legis DATE COMPLETED: 1-26-00 NO. OF VIEWS: 2 VIOLOS 47 will
REPORT
HORACIC SPINE, 2 VIEWS: 1/26/00
lignment and curvature are normal. Vertebral body heights and nterspaces are normally maintained. The pedicles are intact. No cute or chronic, traumatic or destructive changes are identified. o congenital anomalies are noted.
MPRESSION: RADIOGRAPHICALLY NORMAL THORACIC SPINE.  UMBOSACRAL SPINE, 7 VIEWS: 1/26/00
nere is mild straightening of the lordotic curve. The anterior-
more, is mile scraightening or the forms to

there is mild straightening of the lordotic curve. The anterior—uperior end plate of L/4 reveals a long standing focal destructive thange involving the bone, with notch deformity. There is abnormal carrowing of the interspace between L/3 and L/4. Osteophytic lipping involving the lateral margins of L/4 is also noted. The remainder of the examination is otherwise unremarkable.

MPRESSION: ABNORMAL NARROWING OF THE L/3-L/4 INTERSPACE, CONSISTENT WITH DISCOGENIC DISEASE.

CHRONIC, PROBABLY ACTIVE OSTEOCHONDRITIS INVOLVING THE ANTERIOR-SUPERIOR MARGIN OF L/4 AS DESCRIBED ABOVE. NO ACUTE TRAUMA NOTED.

3ERNARD KORDAN, M.D. ∴ 1/31/00 rg

MP 2/1/00

DATE DICTATED:
DATE TRANSCRIBED:
TRANSCRIBER:

X-RAY EXAM: L Spen, 1 Spen

RADIOLOGIST \_\_\_\_\_\_ M.D

X-RAY TECH INITIAL:

X-RAY REQUEST REPORT FORM
Institution: CCI PLEASE PRINT OR TYPE
NAME: TOK TIMOTHY NUMBER: E40919 UNIT: 4A.  AGE: 34 DOB: 3-5-65 HOUSING: 78204 PREVIOUS X-RAYS YES UNO  X-RAY EXAM REQUESTED: ORDERING M.D. DE PLANAMENTE ARMATOMOGAL TERMS ONLY)  RN/MTA: A BELL MITT
(ANATOMICAL TERMS ONLY)  CLINICAL HISTORY:  Par  RN/MTA:  DATE ORDERED:  DATE COMPLETED:  12-45-49  NO. OF VIEWS:  S
REPORT  CERVICAL SPINE, 5 VIEWS: 12/15/99
Alignment and curvature are normal. Vertebral body heighs are normally maintained. Neural foramina are patent. There is slight narrowing of the intervertebral disc space between C-3 and C-4 and between C-5 and C-6. Osteophytic lipping involving the anterior inferior end plates of C-3 and C-5 is also present; the former showing evidence of ossification of the anterior longitudinal ligament in the anterior aspect of C-3. The odontoid process is intact. No cervical rib formation is seen.
IMPRESSION: MILD SPONDYLOSIS MID CERVICAL SPINE, AS DESCRIBED ABOVE. NO ACUTE TRAUMATIC OR DESTRUCTIVE CHANGES NOTED.
BERNARD KORDAN, M.D. t: 12/16/99
20.0
12

DATE DICTATED: DATE TRANSCRIBED: TRANSCRIBER:

X-RAY EXAM:

RADIOLOGIST

X-RAY TECH INITIAL

EXHIBIT WANT

SOUTH BAY ADIOLOGY MEDICAL ASSOCIATES, 480 FOURTH AVENUE, SUITE #102 CHULA VISTA, CALIFORNIA 91910 (619) 585-2960

K.W. ALBERTSON, M.D.

L.A. PERKINS, M.D. A.D. SANDY, M.D.

V.M. TARTAR, M.D.

J.D. LIMPERT, M.D.

H.R. GRIFFITH, M.D. K.J. VAN LOM, M.D.

R.H. LANE, M.D.

All Diplomates, American Board of Radiology

EXAM PATE: 10/14/92

OUTSIDE CONSULTATION

R.J. DONOVAN FACILITY

PT NAME: COOK, TIM

DOB: 03/05/65 AGE: 27

1136

XRAY NUMBER: 990040919

CA.

EXAM: 72100 LUMBOSACRAL SPINE, AP AND LAT

CDC: E 40919

AP and lateral views were done of the lumbosacral spine. There is slight Scheuermann's deformity of the anterior superior lip of L4. No fracture is seen. No other abnormality is detected.

IMPRESSION: Bony defect of the anterior superior aspect of L4 probably related to previous Scheuermann's disease. No other abnormalities are seen:

Thank you for this referral.

KWA: IP

KENNETH W. ALBERTSON, M.D.

# EXHIBIT B' chronos, For thealth Care Services

Elvibrit B

## PELICAN BAY STATE PRISON . HEALTH CARE SERVICES UNIT

HEALTH CARE SERVICES UNIT  CHRONO
NAME: COCK, TEMOTHY CDC# E40919 HOUSE: D6-104 DATE: 1/6/03
The above-named inmate has a medical condition which requires the below-listed medically-indicated chrono(s).
COTTON BLANKETS LOW BUNK
EXTRA MATTRESS LOW BUNK/LOW TIER
EGG CRATE MATTRESS INSOLES/ARCH SUPPORTS Size:
EXTRA PILLOWS/WEDGE WAIST CHAINS AND DOUBLE CUFFS  SHORT BEARD
TINTED GLASSES-FADE GRAY (Pleasé Circle One: #1 #2 #3) (By Optometrist Recommendation Only)
ORTHOTICS: Type:
MEDICAL EQUIPMENT: Please check appropriate medical equipment below:
Cane   Walker   Wheelchair   Crutches   C-PAP/BIPAP   Oxygen   Ice Pack   Ace Wraps
Shower Chair
(When appropriate, please name body part affected and size, e.g., right arm):
Due to a refusal of (please circle one) MEDICAL APPOINTMENT/EXAMINATION/TEST/FOLLOW-UP appointment/(please circle one) FIRST/SECOND/THIRD chronic care appointment, the patient is advised that refusal mare sufficient in worsening of condition, permanent disability, grave disability, and/or death. You are advised to keep your future medical appointments. If you miss three Chronic Care appointments, you will be removed from the Chronic Care Program, and you must make an appointment with your Primary Care Provider.
EFFECTIVE DATE: 1/6/03 EXPIRATION DATE: 1/6/04
EFFECTIVE DATE AND EXPIRATION DATE MUST BE PROVIDED FOR CHRONO TO TAKE EFFECT
D. M. Hichanova MD Amphila
Please Print Name Signature/Title
DISTRIBUTION: WHITE-Health Record <u>GREEN-</u> Housing Unit <u>YELLOW</u> -CCII <u>PINK</u> -C-File <u>GOLDENROD</u> -Inmate  **When appropriate, a copy shall be forwarded to Specially Clinic.
SEALTH RECORDS STAFF SHALL LIST OTHER APPROPRIATE COPIES BELOW AND SHALL DISTRIBUTE ACCORDINGLY: (e.g., Clothing: SHU/GP/L-I):

81024

PBSP - HCS 001

# EXHIBIT 66 C99 Request for Health Records Memorandum

### PELICAN BAY STATE PRISÖN HEALTH RECORD SERVICES

#### INMATE'S REQUEST FOR OLSEN REVIEW AND/OR COPIES OF HEALTH RECORDS

NAME COC # E40919 HOUSING 102220
PLEASE NOTE: PSYCHIATRIC INFORMATION CANNOT BE REVIEWED BY THE INMATE UNLESS THE CHIEF PSYCHIATRIST OR DESIGNEE APPROVES THE REQUEST.
I AM REQUESTING: (PLEASE SPECIFY MEDICAL AND/OR RSYCHIATRIC AND IF MORE THAN JUST CURRENT VOLUME IS WANTED)
I WOULD LIKE AN OLSEN REVIEW OF MY UNIT HEALTH RECORD:  (PLEASE SPECIFY PURPOSE FOR OLSEN REVIEW (e.g., copy to physician, provide information to attorney)  MEDICALPSYCHIATRICCURRENT VOLUME ONLYXALL VOLUMES (Please note that you will only be allowed to review two (2) volumes at a time)
I WOULD LIKE COPIES OF MY UNIT HEALTH RECORD:  (PLEASE SPECIFY COPIES NEEDED BELOW)
MEDICAL COPIES REQUESTED: 602-granted from 72004 - Re: Double matt
PSYCHIATRIC COPIES REQUESTED:
I GIVE APPROVAL FOR THE INMATE TO REVIEW THE PSYCHIATRIC INFORMATION IN HIS UNIT HEALTH RECORD.
Signature of Chief Psychiatrist or Designee Date
On this date,, I reviewed my-health records in the presence of Pelican Bay State Prison Health Care Staff (Health Records Technician/Psychiatric Technician/Medical Technicial Assistant). I am requesting the tagged pages be copied. A Trust Withdrawal Slip is attached to cover the cost of the requested copies, which is ten (10) cents per page:
INMATE SIGNATURE DATE
INMATE SIGNATURE DATE
HEALTH RECORDS STAFF SIGNATURE , DATE
3/06-khin

requested. I understand that this transaction is final once I have reviewed and signed for my requested copies.

From :



(legal photocopying costs)

## PE CAN BAY STATE PRIS S. H.U. LAW LIBRARY

### PELICAN BREQUEST FOR LEGAL PHOTO COPY SERVICE

SECURITY HOUSING UNIT

- I. WHEN REQUESTING PHOTOCOPY SERVICES, YOU MUST COMPLETELY FILL OUT AND SUBMIT:
  - A) REQUEST FOR PHOTOCOPY SERVICE FORM.
  - B.) SIGNED TRUST WITHDRAWAL FORM.
- 2. PHOTOCOPY SERVICE IS LIMITED TO LEGAL DOCUMENTS AS PER D.O.M. §14010.21.LAW BOOKS, REFERENCE MANUALS, TRANSCRIPTS, PERSONAL MAIL, ETC. WILL NOT BE COPIED.
- 3: COST FOR PHOTOCOPY SERVICES WILL BE TEN CENTS (10¢) PER PAGE.
- 1. NO INMATE MAY SUBMIT ANOTHER INMATE'S DOCUMENTS FOR COPY.
- 5. SEPARATE ALL DOUBLE SIDED AND ODD SIZED PAGES FROM THE REST OF YOUR DOCUMENTS TO ASSIST STAFF IN MORE EFFICIENT HANDLING OF YOUR REQUESTS. DO NOT TIE OR TAPE PAGE TOGETHER.
- 5. PHOTOCOPY SERVICE IS SUBJECT TO THESE RULES AND CONDITIONS TO PREVENT ABUSE AND TO ASSURE THAT ALL INMATES HAVE THE OPPORTUNITY TO BENEFIT FROM THE SERVICE.

HAVE READ THE RULES AND CONDITIONS ABOVE. I A WITH THEM.	GREE TO ACCEPT AND COMPLY
NAME (PRINT): Tim Cook C.D.C. #:_	E40919 CELL#: D4/206
TYPE OF DOCUMENT: Girl Complaint	NUMBER OF PAGES: 59
NAME OF COURT: Del Norte Superior	_NUMBER OF COPIES:7"
PLAINTIFF: Tim Cook	TOTAL COPIES: 4/3
DEFENDANT: Hore of of Rison Howers McLean : Word ; Sayre That	LTOTAL COST: \$41.30
NMATES SIGNATURE: Tradigities	DATE: Feb 25,2007
*** STAFF ONLY***	
DATE RECEIVED IN LIBRARY: 2-26-67	
DATE RECEIVED IN LIBRARY: 2-26-67	R DENIAL:
DATE RECEIVED IN LIBRARY: 2-26-07	R DENIAL:
DATE RECEIVED IN LIBRARY: 2-26-67	DATE: 2-26-67
DATE RECEIVED IN LIBRARY: 2-26-07  APPROVED: MODENIED: REASON FOR	
DATE RECEIVED IN LIBRARY: 2-26-67  APPROVED: WM DENIED: REASON FOR  COMPLETED BY: W 9 11/4	DATE: 2-26-07

# See double-sided pp on top PE CAN BAY STATE PRIS S. H.U. LAW LIBRARY REOUEST FOR LEGAL PHOTO COPY SERVICE

RULES AND CONDITIONS:	
1. WHEN REQUESTING PHOTOCOPY SERVICES, YOU MUST CO	OMPLETELY FILL OUT
AND SUBMIT:	
A.) REQUEST FOR PHOTOCOPY SERVICE FORM.	
B.) SIGNED TRUST WITHDRAWAL FORM.	· ·
2. PHOTOCOPY SERVICE IS LIMITED TO LEGAL DOCUMENTS AS	S PER D.O.M.
§14010.21 LAW BOOKS, REFERENCE MANUALS, TRANSCRIPT	TS, PERSONAL MAIL,

- ETC. WILL NOT BE COPIED.

  3. COST FOR PHOTOCOPY SERVICES WILL BE TEN CENTS (10¢) PER PAGE.
- 1. NO INMATE MAY SUBMIT ANOTHER INMATE'S DOCUMENTS FOR COPY.
- SEPARATE ALL DOUBLE SIDED AND ODD SIZED PAGES FROM THE REST OF YOUR DOCUMENTS TO ASSIST STAFF IN MORE EFFICIENT HANDLING OF YOUR RE OUESTS. DO NOT TIE OR TAPE PAGE TOGETHER.
- 5. PHOTOCOPY SERVICE IS SUBJECT TO THESE RULES AND CONDITIONS TO PREVENT ABUSE AND TO ASSURE THAT ALL INMATES HAVE THE OPPORTUNITY TO BENEFIT FROM THE SERVICE.

HAVE READ THE RULES AND CONDITIONS ABOVE. I AGREE TO ACCEPT AND COMPLY

VITH THEM.

VAME (PRINT): Tim Cock

C.D.C. #: E40919

CELL #: D4-206

YPE OF DOCUMENT: Superior of Summer Protect Additional Edgment of Recipt Girl NUMBER OF PAGES:

VAME OF COURT: Superior Cf of Cal. Del Norte

NUMBER OF COPIES: 17 / II

LAINTIFF: Tanthy Corde

TOTAL COPIES: 236

DEFENDANT: Lobart Morel of al.

NMATES SIGNATURE: Timothy Corde

\*\*\* STAFF ONLY\*\*\*

DATE RECEIVED IN LIBRARY: 3-10-0-7

APPROVED: DENIED: REASON FOR DENIAL:

COMPLETED BY: DATE: 3-1/9-07

INIT STAFF SIGNATURE: DATE: 3-21-07

N LIB: PAGED: (Inmate Signature)

N LIB: PAGED:

#### PE CAN BAY STATE PRIS S. H.U. LAW LIBRARY REQUEST FOR LEGAL PHOTO COPY SERVICE

RITT	ES	AND	<b>CONDITIONS:</b>

WHEN REQUESTING PHOTOCOPY SERVICES, YOU MUST COMPLETELY FILL OUT AND SUBMIT:

A.) REQUEST FOR PHOTOCOPY SERVICE FORM.

B.) SIGNED TRUST WITHDRAWAL FORM.

PHOTOCOPY SERVICE IS LIMITED TO LEGAL DOCUMENTS AS PER D.O.M.

\*§14010.21.LAW BOOKS, REFERENCE MANUALS, TRANSCRIPTS, PERSONAL MAIL, ETC. WILL NOT BE COPIED.

COST FOR PHOTOCOPY SERVICES WILL BE TEN CENTS (10¢) PER PAGE.

- \*• NO INMATE MAY SUBMIT ANOTHER INMATE'S DOCUMENTS FOR COPY.

  SEPARATE ALL DOUBLE SIDED AND ODD SIZED PAGES FROM THE REST OF YOUR

  DOCUMENTS TO ASSIST STAFF IN MORE EFFICIENT HANDLING OF YOUR RE
- OUESTS. DO NOT TIE OR TAPE PAGE TOGETHER.

PHOTOCOPY SERVICE IS SUBJECT TO THESE RULES AND CONDITIONS TO PREVENT ABUSE AND TO ASSURE THAT ALL INMATES HAVE THE OPPORTUNITY TO BENEFIT FROM THE SERVICE.

HAVE READ THE RULES AND CONDITIONS ABOVE. I AGREE TO ACCEPT AND COMPLY

VITH THEM. C.D.C. #: E40919 CELL #: DY-806 IAME (PRINT): Tim Cook YPE OF DOCUMENT: Interrogatory (set 1) / Proof of Service NUMBER OF PAGES: 5 IAME OF COURT: Successon Court of Calif. Del Norte Country NUMBER OF COPIES: 6 LAINTIFF: Transhir Cook TOTAL COPIES:\_ DEFENDANT: Robert Hosel, et al, (warden) TOTAL COŠT: 4 NMATES SIGNATURE: Timeste \*\*\* STAFF ONLY\*\*\* 4-2-07 ATE RECEIVED IN LIBRARY: DENIED: REASON FOR DENIAL: 'OMPLETED BY: INIT STAFF SIGNATURE: ECEIVED & APPROVED: " PAGED: N LIB:

#### PE\_CAN BAY STATE PRIS S. H.U. LAW LIBRARY REQUEST FOR LEGAL PHOTO COPY SERVICE

#### RULES AND CONDITIONS:

- 1. WHEN REQUESTING PHOTOCOPY SERVICES, YOU MUST COMPLETELY FILL OUT AND SUBMIT:
  - A.) REQUEST FOR PHOTOCOPY SERVICE FORM.
  - B.) SIGNED TRUST WITHDRAWAL FORM.
- PHOTOCOPY SERVICE IS LIMITED TO LEGAL DOCUMENTS AS PER D.O.M. §14010.21.LAW BOOKS, REFERENCE MANUALS, TRANSCRIPTS, PERSONAL MAIL ETC. WILL NOT BE COPIED.
- 3. COST FOR PHOTOCOPY SERVICES WILL BE TEN CENTS (10¢) PER PAGE.
- I NO INMATE MAY SUBMIT ANOTHER INMATE'S DOCUMENTS FOR COPY.
- 5. SEPARATE ALL DOUBLE SIDED AND ODD SIZED PAGES FROM THE REST OF YOUR DOCUMENTS TO ASSIST STAFF IN MORE EFFICIENT HANDLING OF YOUR RE QUESTS. DO NOT TIE OR TAPE PAGE TÖGETHER.
- 5. PHOTOCOPY SERVICE IS SUBJECT TO THESE RULES AND CONDITIONS TO PREVENT ABUSE AND TO ASSURE THAT ALL INMATES HAVE THE OPPORTUNITY TO BENEFIT FROM THE SERVICE.

HAVE READ THE RULES AND CONDITIONS A	BOVE. I AGREE TO ACCEPT AND COMPLY
VITH THEM.	
JAME (PRINT): Timothy Cook  Request for the facility and count vide  YPE OF DOCUMENT: 405 of Sunnon & Judgment a declarate	C.D.C. #: <u>E40919</u> CELL #: <u>D4 206</u>
TYPE OF DOCUMENT Reguest for Detention of Judgment a deduction	on Ex.A-c. Post NIMBER OF PAGES: 27
VAME OF COURT Suserior Court of Calfornic, County	of Whate NUMBER OF COPIES: 8
LAINTIFF: Cook	TOTAL COPIES: 2/6
DEFENDANT: Harel et al.	TOTAL COST: \$ 2/-60
NMATES SIGNATURE: Jamothy Conh	DATE 4-/6-2007
*** STAFF (	ONLY***
DATE RECEIVED IN LIBRARY: 9-16-07	ONLY***
DATE RECEIVED IN LIBRARY: 4-16-07	ONLY***  EASON FOR DENIAL:
DATE RECEIVED IN LIBRARY: 4-16-07	
DATE RECEIVED IN LIBRARY: 4-/6-07  APPROVED: WWW. DENIED: R	
DATE RECEIVED IN LIBRARY: 7-/6-07 APPROVED: WWW DENIED: R COMPLETED BY: WZ WM	EASON FOR DENIAL:
DATE RECEIVED IN LIBRARY: 4-/6-07  APPROVED: WWW. DENIED: R	EASON FOR DENIAL:  DATE: 4-17-07  DATE: 4-18-67

#### PE CAN BAY STATE PRIS S. H.U. LAW LIBRARY REQUEST FOR LEGAL PHOTO COPY SERVICE

#### RULES AND CONDITIONS:

- WHEN REQUESTING PHOTOCOPY SERVICES, YOU MUST COMPLETELY FILL OUT AND SUBMIT:
  - A.) REQUEST FOR PHOTOCOPY SERVICE FORM.
  - B.) SIGNED TRUST WITHDRAWAL FORM.
- PHOTOCOPY SERVICE IS LIMITED TO LEGAL DOCUMENTS AS PER D.O.M. §14010.21 LAW BOOKS, REFERENCE MANUALS, TRANSCRIPTS, PERSONAL MAIL ETC. WILL NOT BE COPIED.
- 1. COST FOR PHOTOCOPY SERVICES WILL BE TEN CENTS ( $10\phi$ ) PER PAGE.
- I. NO INMATE MAY SUBMIT ANOTHER INMATE'S DOCUMENTS FOR COPY.
- 5. SEPARATE ALL DOUBLE SIDED AND ODD SIZED PAGES FROM THE REST OF YOUR DOCUMENTS TO ASSIST STAFF IN MORE EFFICIENT HANDLING OF YOUR REQUESTS. DO NOT TIE OR TAPE PAGE TOGETHER.
- PHOTOCOPY SERVICE IS SUBJECT TO THESE RULES AND CONDITIONS TO PREVENT ABUSE AND TO ASSURE THAT ALL INMATES HAVE THE OPPORTUNITY TO BENEFIT FROM THE SERVICE.

HAVE READ THE RULES AND CONDITIONS ABOVE. I AGREE TO ACCEPT AND COMPLY WITH THEM.
VAME (PRINT): 71m Cook C.D.C. #: E40919 CELL #: <u>D4-206</u>
TYPE OF DOCUMENT: Default; Judgment and Dector. Ex. A-C. NUMBER, OF PAGES: 126 26
VAME OF COURT: Rollote Superior Court NUMBER OF COPIES: 7  VLAINTIFF: Cook TOTAL COPIES: 184
DEFENDANT: Horse, et al, & CINTOZ-1026 TOTAL COST: \$ 100 18,40
NMATES SIGNATURE: Tanglas Cork DATE: 6-17-07
*** STAFF ONLY***
$\sqrt{\frac{51211}{10}}$
DATE RECEIVED IN LIBRARY: 6-18-c-7
DATE RECEIVED IN LIBRARY: 6-18-67  APPROVED: MODERNIAL: REASON FOR DENIAL:
DATE RECEIVED IN LIBRARY: 6-18-c-7
DATE RECEIVED IN LIBRARY: 6-18-c-7
DATE RECEIVED IN LIBRARY: 6-18-67  APPROVED: M DENIED: REASON FOR DENIAL:
DATE RECEIVED IN LIBRARY: 6-18-c-7  APPROVED: W DENIED: REASON FOR DENIAL:  COMPLETED BY: DATE: 6-18-c-7  DATE: 6-18-c-7

# PE CAN BAY STATE PRIS S. H.U. LAW LIBRARY REQUEST FOR LEGAL PHOTO COPY SERVICE

#### RULES AND CONDITIONS:

- WHEN REQUESTING PHOTOCOPY SERVICES, YOU MUST COMPLETELY FILL OUT AND SUBMIT:
  - A.) REQUEST FOR PHOTOCOPY SERVICE FORM.
  - B.) SIGNED TRUST WITHDRAWAL FORM.
- PHOTOCOPY SERVICE IS LIMITED TO LEGAL DOCUMENTS AS PER D.O.M. §14010.21.LAW BOOKS, REFERENCE MANUALS, TRANSCRIPTS, PERSONAL MAIL, ETC. WILL NOT BE COPIED.
- 3. COST FOR PHOTOCOPY SERVICES WILL BE TEN CENTS (10¢) PER PAGE.
- 1. NO INMATE MAY SUBMIT ANOTHER INMATE'S DOCUMENTS FOR COPY.
- 5. SEPARATE ALL DOUBLE SIDED AND ODD SIZED PAGES FROM THE REST OF YOUR DOCUMENTS TO ASSIST STAFF IN MORE EFFICIENT HANDLING OF YOUR RECUESTS. DO NOT TIE OR TAPE PAGE TOGETHER.
- 5. PHOTOGOPY SERVICE IS SUBJECT TO THESE RULES AND CONDITIONS TO PREVENT ABUSE AND TO ASSURE THAT ALL INMATES HAVE THE OPPORTUNITY TO BENEFIT FROM THE SERVICE.

BENEFIT FROM THE SERVICE.
HAVE READ THE RULES AND CONDITIONS ABOVÉ. I AGREE TO ACCEPT AND COMPLY VITH THEM.
IAME (PRINT): COOK GD.C. #: E40919 CELL #: 04-006
YPE OF DOCUMENT: State Tork / Symmons CUTU7/026 NUMBER OF PAGES: 5 5/6-3
IAME OF COURT: Del Wonter Supervier NUMBER OF COPIES: 2 and 6
LAINTIFF: Cook TOTAL COPIES: 332
DEFENDANT: Hove 1 of al. TOTAL COST: \$33.20  NMATES SIGNATURE: Fundahed from DATE: 1/8/2007
NMATES SIGNATURE: Frankfiel from DATE: 1//8/2007
PATE RECEIVED IN LIBRARY: //- 5
APPROVED: DENIED: REASON FOR DENIAL:
COMPLETED BY: W.L. MUNICIPAL DATE: 1/T/T/C
INIT STAFF SIGNATURE: DATE: DATE:
RECEIVED & APPROVED: June 1975 / DATE: 1/15 / 07

\*\*\*THANKS!\*\*\*

#### PROOF OF SERVICE BY MAIL

(C.C.P. Section 101a #2105.5, 20 U.S.C. 1746)

Travis Wood, am	a residen	t of Pelican	Bay State	Prison, i	n the	
County of Del Norte, State of California. Is party to the below named action.	am over e	ighteen (18	) years of	age and	am a	
My Address is: P.O. Box 7500, Crescent (	City, CA 9	5531.				
On the 2nd day of January documents: (set forth the exact title of documents)	/ uments se	, in the year erved)	of 20 <u>06</u> ,	l served	the follo	owing
Request for (application) Entry of	Default	Judgm	ent; dec	laration	by plan	intify
Trinothy Cook; Ex: A-D; Proof of S	pervice be	l Summan	Sum	nons (a	·рч.)	·
			• • • • • • • • • • • • • • • • • • • •			
on the party(s) listed below by placing a true envelope(s) with postage thereon fully paid provided at Pelican Bay State Prison, Cres	d, in the U	nited States	s mail, in a	deposit i	DOX SO	d
Robert Horel She E. Risanhoover	· · · · · · · · · · · · · · · · · · ·		· ·			
Robert Horel, She E. Risenhoover Maureen McLean, C. D. Worch Michael Sayre and A. Thacker						.· .
(PBSP) Litigation Office				•		
6905 Lake Earl Drive						
Crescent City, Co. 95531				· · · · · ·		
***	<i>:</i> .					
I declare under penalty of perjury that the	foregoing	is true and	correct.			
Dated this 2nd day of January		, 20 <u>08</u> .				
	•		* . · ·		٠٠٠٠ ٢	· · ·
Signed: Trans Worth				•		:
(Decidian Cignotals)				•	•	
Rev. 12/06	•			·. · · · · · · · · · · · · · · · · · ·	•	•

#### DECLARATION OF SERVICE BY U.S. MAIL

Case Name: T. Cook v. R. Horel, et al.

Case No.: Del Norte County Superior Court, Case No. CVPI07-1026

I declare:

I am employed in the Office of the Attorney General, which is the office of a member of the California State Bar, at which member's direction this service is made. I am 18 years of age or older and not a party to this matter. I am familiar with the business practice at the Office of the Attorney General for collection and processing of correspondence for mailing with the United States Postal Service. In accordance with that practice, correspondence placed in the internal mail collection system at the Office of the Attorney General is deposited with the United States Postal Service that same day in the ordinary course of business.

On April 11, 2008, I served the attached

#### NOTICE OF REMOVAL OF ACTION UNDER 28 U.S.C. § 1441(c) [Federal Question]

by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid, in the internal mail collection system at the Office of the Attorney General at 455 Golden Gate Avenue, Suite 11000, San Francisco, CA 94102-7004, addressed as follows:

Timothy Cook E-40919 Pelican Bay State Prison P.O. Box 7500, D4-206 Crescent City, CA 95532 Pro Per

I declare under penalty of perjury under the laws of the State of California the foregoing is true and correct and that this declaration was executed on April 11, 2008, at San Francisco, California.

M. Xiang

Declarant

Signature

### Case 3:08-CX-0185 CRIEV GENERAL FILOPPICE COPY FILING

JS 44 - CAND (Rev. 11/04)

#### CIVIL COVER SHEET

The JS-44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON PAGE TWO.)

the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTF I.(a) PLAINTIFFS				DEFENDANTS		
Timothy Cook				Robert A. Horel, Sue E. Risenhoover, Michael Sayre, M.D., and Maureen Mclean, Candice Worch, A.Thacker		
(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF Del Norte County (EXCEPT IN U.S. PLAINTIFF CASES)				COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT Del Norte County  (IN U.S. PLAINTIFF CASES ONLY)  NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.		
(C) ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER) In Pro Per				ATTORNEYS (JF KNOWN) Emily L. Brinkman A.G. Office, 455 Golden Gate Avenue, # 11000, S.F., CA 94102-7004		
□ 1 U.S. Government				CITIZENSHIP OF PRINCIPAL PARTIES (PLACE AN 'X' IN ONE BOX FOR PLAINTIFF FOR diversity cases only)  PTF DEF  PTF DEF		
Plaintiff			Citizen of This State □ 1 □ 1 Incorporated or Principal Place □ 4 □ 4 of Business In This State			
Defendant D4 Diversity (Indicate Citizenship of Parties in				n of Another State □ 2	of Business In A	nother State
	Item III)	•	4	n or Subject of a 3	□ 3 Foreign Nation	□6 □6
IV. ORIGIN	(PLACE AN	X" IN ONE BOX	ONLY)			
		manded from pellate Court	□ 4 Reinsta Reope			☐ 7 Appeal to District Judge from Magistrate Judgment
V. NATURE OF SUIT	. (PLACE AN "X" IN ON	E BOX ONLY)				
CONTRACT	TC	ORTS	<u> </u>	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
□ 110 Insurance □ 120 Marine □ 130 Miller Act □ 140 Negotiable Instrument □ 150 Recovery of Overpayment & Enforcement of Judgment □ 151 Medicare Act □ 152 Recovery of Defaulted	PERSONAL INJURY  310 Airplane  315 Airplane Product Liability  320 Assault Libel & 368 Asbestos Per 330 Federal Employers Liability  340 Marine  340 Marine PERSONAL PRO 345 Marine Product Liability  355 Motor Vehicle Product Liability  360 Other Personal Injury Product Liability  7360 Other Personal Injury Personal Injury Product Liability Personal Injury Product Liability		ury actice ury ability ersonal uct Liability	□ 620 Other Food & Drug □ 625 Drug Related Seizure of Property 21 USC 881 □ 630 Liquor Laws □ 640 RR & Truck □ 650 Airline Regs □ 660 Occupational Safety/Health □ 690 Other □ LABOR  age □ 710 Fair Labor Standards Act □ 740 Railway Labor Act □ 740 Railway Labor Act	□ 422 Appeal 28 USC 158 □ 423 Withdrawal 28 USC 157  PROPERTY RIGHTS □ 820 Copyrights □ 830 Patent □ 840 Trademark	□ 430 Banks and Banking □ 450 Commerce/ICC Rates/etc.
Student Loans (Excl Veterans)  153 Recovery of Overpayment of Veteran's Benefits  160 Stockholders Suits  190 Other Contract  195 Contract Product Liability			ding nal amage mage		SOCIAL SECURITY	
□ 196 Franchise					□ 865 RSI (405(g)) FEDERAL TAX SUITS	☐ 893 Environmental Matters ☐ 894 Energy Allocation Act
REAL PROPERTY  210 Land Condemnation 220 Foreclosure 230 Rent Lease & Ejectment 240 Torts to Land 245 Tort Product Liability 290 All Other Real Property	CIVIL RIGHTS  □ 441 Voting □ 442 Employment □ 443 Housing □ 444 Welfare □ 440 Other Civil Rights □ 445 Amer w/ disab - Empl □ 446 Amer w/ disab - Other	PRISONER PETITIONS    510 Motion to Vacate Sentence Habeas Compus:   530 General   535 Death Penalty   540 Mandamus & Other   550 Civil Rights   555 Prison Condition		□ 791 Empl.Ret. Inc. Security Act	□ 870 Taxes (US Plaintiff or Defendant □ 871 IRS - Third Party 26 USC 7609	□ 895 Freedom of Information Act □ 900 Appeal of Fee Determination Under Equal Access to Justice □ 950 Constitutionality of State Statutes □ 890 Other Statutory Actions
VI. CAUSE OF ACTIO						
VII. REQUESTED IN	COMPLAINT: DC		IS A CLASS	SACTION DEMAND \$		y if demanded in complaint: DEMAND: ☑ YES ☐ NO
VIII. RELATED CASE	• •	ER TO CIVIL L. RELATED CAS		NCERNING REQUIREMEN	IT TO FILE	
IX. DIVISIONAL ASS	IGNMENT (CIVIL L. IN ONE BOX ONLY)		SAN FRA	NCISCO/OAKLAND	☐ SAN JOSE	

DATE 4/11/08

SIGNATURE OF ATTORNEY OF RECORD

LexisNexis® Automated California Federal District Court Forms

#### **DECLARATION OF SERVICE BY U.S. MAIL**

Case Name: T. Cook v. R. Horel, et al.

Case No.: Del Norte County Superior Court, Case No. CVPI07-1026

I declare:

I am employed in the Office of the Attorney General, which is the office of a member of the California State Bar, at which member's direction this service is made. I am 18 years of age or older and not a party to this matter. I am familiar with the business practice at the Office of the Attorney General for collection and processing of correspondence for mailing with the United States Postal Service. In accordance with that practice, correspondence placed in the internal mail collection system at the Office of the Attorney General is deposited with the United States Postal Service that same day in the ordinary course of business.

On April 11, 2008, I served the attached

#### CIVIL COVER SHEET

by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid, in the internal mail collection system at the Office of the Attorney General at 455 Golden Gate Avenue, Suite 11000, San Francisco, CA 94102-7004, addressed as follows:

Timothy Cook E-40919 Pelican Bay State Prison P.O. Box 7500, D4-206 Crescent City, CA 95532 Pro Per

I declare under penalty of perjury under the laws of the State of California the foregoing is true and correct and that this declaration was executed on **April 11**, 2008, at San Francisco, California.

M. Xiang

Declarant

Signature